Clinical Report

Patient Information

- **Name:** Sophia Williams
- **Date of Birth:** 11/05/1995
- **Age:** 29
- **Gender:** Female
- **Contact Information:** (555) 111-2222, sophia.w.yoga@email.com
- **Address:** 45 Greentree Lane, Anytown, USA

Referring Physician

- Dr. Maria Rodriguez, MD
- Primary Care Physician
- Anytown Family Health

Medical Institution

- Anytown Center for Dermatology
- **Report Date:** 07/18/2025

Clinical History and Background

Sophia Williams is a 29-year-old self-employed yoga instructor referred by her primary care physician for evaluation and management of a severe, rapidly worsening skin condition. Ms. Williams reports a history of "sensitive skin" and "bad dandruff" for over a decade, which she has managed with various over-the-counter shampoos and creams with minimal success. Approximately three months ago, following a confirmed bout of streptococcal pharyngitis, she experienced an explosive flare of her skin condition. What were previously small, manageable patches on her elbows and scalp have now spread to cover large areas of her body. The severity of the current flare has made it physically and emotionally difficult for her to teach her yoga classes, threatening her livelihood. Her family history is positive for a father with mild psoriasis.

Current Symptoms & Patient-Reported Outcomes (PROs)

- **Skin Plaques and Pain:**
    - **Patient's Description:** "My skin is on fire. I have these thick, raised, red patches everywhere, and they're covered in this flaky, silvery stuff that gets on everything. They're not just ugly; they burn and itch constantly. Sometimes the skin cracks and bleeds, especially on my hands."
    - **Severity:** She rates the itch and pain as an 8-9/10, making it difficult to sleep or concentrate.
    - **Duration:** Eruptive flare over the past three months.

    - **Clinical Note:** The patient describes classic plaques of psoriasis. The trigger following a streptococcal infection is characteristic of a guttate flare that evolves into extensive plaque psoriasis.
- **Shedding and Flaking:**
    - **Patient's Description:** "The flaking is relentless and so embarrassing. I can't wear dark yoga pants because they're covered in skin flakes within minutes. I feel like I'm constantly cleaning up after myself. I'm so self-conscious about my students seeing it."
    - **Severity:** Severe, causing significant social anxiety and cosmetic distress.
    - **Duration:** Constant during the current three-month flare.
    - **Clinical Note:** The hyperproliferation of skin cells leads to the characteristic thick scale (silvery micaceous scale) that sheds easily.
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- **Psychological Distress:**
    - **Patient's Description:** "I feel completely defeated. My job is all about wellness and body positivity, and I feel like a fraud. I'm embarrassed of my own skin. I avoid going out with friends. It's really affecting my confidence and my mood."
    - **Severity:** High. The impact on her body image and profession is profound.
    - **Duration:** Worsening over the past three months.
    - **Clinical Note:** The psychosocial burden of severe psoriasis is well-documented and is a critical component of assessing disease severity and the need for aggressive treatment.
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- **Joint Aching:**
    - **Patient's Description:** "Lately, I've also had this nagging ache in my fingers and my low back. It's nothing like the skin pain, just a dull ache. I'm not sure if it's related."
    - **Severity:** Mild, rated 3/10.
    - **Duration:** Noticed over the last month.
    - **Clinical Note:** While not her primary complaint, this is a concerning symptom that may represent the early stages of psoriatic arthritis.
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Clinical Findings

- **Vital Signs:**
    - **Blood Pressure:** 118/76 mmHg
    - **Heart Rate:** 78 bpm
    - **Respiratory Rate:** 16 breaths/min
    - **Temperature:** 98.8°F (37.1°C)
- **Physical Examination:**
    - **Dermatological:** Examination reveals widespread, well-demarcated, erythematous plaques with thick, adherent silvery scale. The plaques are symmetrically distributed on the trunk, extensor surfaces of the arms and legs, and buttocks. The scalp is heavily involved with thick, adherent plaques. Smaller,

"drop-like" lesions are also noted on the trunk. Fissures are present on the plaques over her shins. Auspitz sign (pinpoint bleeding upon removal of scale) is positive. Estimated Body Surface Area (BSA) involvement is approximately 35%.
    - **Nails:** Examination of the fingernails reveals multiple small pits and areas of onycholysis (separation of the nail plate from the nail bed).
    - **Musculoskeletal:** No frank synovitis or joint swelling is noted on examination today. Mild tenderness elicited on palpation of the distal interphalangeal joints.
- **Diagnostic Procedures:**
    - **Skin Biopsy (from a plaque on the trunk):** Shave biopsy was performed. Histopathology reveals confluent parakeratosis, acanthosis (epidermal thickening), dilated tortuous capillaries in the papillary dermis, and a perivascular lymphocytic infiltrate, with collections of neutrophils in the stratum corneum (Munro's microabscesses). Findings are classic for psoriasis vulgaris.

Diagnosis

Based on the extensive clinical evidence, classic history, nail findings, and confirmatory skin biopsy, Ms. Williams has a diagnosis of **Severe Plaque Psoriasis**. The severity is determined by the involvement of >10% BSA and the significant, debilitating impact on her quality of life and ability to function.

Treatment Strategy

Given the extent and severity of her disease, topical therapies alone are grossly inadequate. She requires systemic treatment to control the underlying inflammation.

1. **Pharmacological Treatment:**
    - **Biologic Therapy:** After a thorough discussion of risks and benefits, the decision has been made to proceed directly to biologic therapy. This represents the most effective and targeted approach for her severe disease. We will initiate treatment with an IL-23 inhibitor, such as guselkumab or risankizumab. These agents have shown high levels of efficacy in achieving skin clearance and have a favorable safety profile. The necessary pre-screening (including tuberculosis test and baseline labs) will be performed.
    - **Adjunctive Topical Therapy:** While awaiting initiation of systemic therapy, she will be prescribed a high-potency topical steroid foam (e.g., clobetasol) for use on the most symptomatic plaques to provide some immediate relief from itching and pain. The importance of using emollients liberally to hydrate the skin was also stressed.
2. **Patient Education and Support:**
    - Extensive education was provided on the chronic, autoimmune nature of psoriasis. We discussed the link between systemic inflammation and the risk of comorbidities (like psoriatic arthritis and cardiovascular disease), highlighting the importance of effective treatment.

- She was provided with resources for the National Psoriasis Foundation for patient support and advocacy.

Summary and Plan

Ms. Sophia Williams is a 29-year-old woman suffering from a severe, debilitating flare of plaque psoriasis, which is profoundly impacting her physically, emotionally, and professionally. The diagnosis is confirmed, and her disease warrants aggressive management. We will move forward with initiating a highly effective biologic therapy (an IL-23 inhibitor) to gain control of her disease, with the goal of achieving significant skin clearance and restoring her quality of life. The new onset of joint aches will be monitored closely.

Follow-up

A follow-up appointment is scheduled in one week to review screening lab results and for her first injection training with our clinic nurse. She will then have a follow-up appointment in one month, and every three months thereafter, to monitor her clinical response, assess for any adverse effects, and screen for the development of psoriatic arthritis.