• Chronic immune mediated dz of the skin
• Hyperproliferation of keratinocytes
• Increased inflammatory mediators
• Increased T-lymphocyte activity
PSORIASIS DIAGNOSTIC FEATURES

- ERYTHEMATOUS DRY SCALING PLAQUES OF VARIOUS SIZES WITH SILVERY, WHITE SCALES
- PREDILECTION FOR EXTENSOR SURFACES
- REMOVAL OF SCALE CREATES BLEEDING POINTS (AUSPITZ SIGN)
EPIDEMIOLOGY

- AFFECTS ALL POPULATIONS AND AGE GROUPS
- MORE PREVELANT IN COOLER CLIMATES
- TWO PEAKS: LATE TEENS, EARLY TWENTIES AND ADULTHOOD FIFTH TO SIXTH DECADE
- TYPE I : PRIOR TO AGE 40
- TYPE II : AFTER AGE 40
- PSA ASSOCIATION APPROX 30%
- INFECTIONS IMPLICATED: STREP AND HIV
PATHOPHYSIOLOGY

- DENDRITIC CELLS
- MACROPHAGES
- T-LYMPHOCYTES
- CYTOKINES
DIFFERENTIAL DIAGNOSIS

• SYPHILIS
• PITYRIASIS ROSEA
• PITYRIASIS LICHENOIDES CHRONICA
• LICHEN PLANUS
• CUTANEOUS T-CELL LYMPHOMA
• PAPAPSORIASIS EN PLAQUE
• ATOPIC DERMATITIS
• PITYRIASIS RUBRA PILARIS
• POROKERATOSIS
• NORWEGIAN SCABIES
• BOWENS DISEASE
• PAGETS DISEASE
• INTERTIGO
• TINEA
• DRUG REACTION
• SEBORRHEIC DERMATITIS
• BULLOUS DERMATITIS
PSORIASIS TYPES

• PLAQUE
• SEBOPSORIASIS
• INVERSE PSORIASIS
• GUTTATE PSORIASIS
• PUSTULAR PSORIASIS
• PALMOPLANTAR
PLAQUE

• MOST COMMON
• LESIONS INVOLVE BODY
• MOST COMMON ON ELBOWS, KNEES, UMBILICUS AND GLUTEAL CLEFT
SEBOPSORIASIS

- LESIONS TYPICALLY INVOLVE SCALP
- THICKER MORE ADHERENT SCALE THAN TYPICAL GREASY SOFT SCALE
INVERSE PSORIASIS

• INVOLVES FLEXURAL SURFACES
• AXILLA, GROIN, BUTTOCKS, GLUTEAL CLEFT, AND UMBILICUS
GUTTATE PSORIASIS

- Lesions typically size of water droplets
- Typically occurs after acute infection
- Most commonly strep pharyngitis
PUSTULAR PSORIASIS

- OCCURS IN PATIENTS WITH PLAQUE PSORIASIS
- SUDDEN ONSET OF LAKES OF PUS
- HOSPITALIZATION TYPICALLY REQUIRED TO PREVENT SYSTEMIC COMPLICATIONS
PALMOPLANTAR

- PUSTULES ON HANDS AND FEET
- PAINFUL
- NAILS TYPICALLY INVOLVED WITH PITTING AND ONYCHOLYSIS
- EXTREMELY RESISTANT TO TX
TREATMENT

- TOPICAL
- LIGHT
- SYSTEMIC
- BIOLOGICS
TOPICAL TX

- CORTICOSTEROIDS
- ANTHRALIN
- TARS
- RETINOIDS
- VITAMIN D ANALOGUE
- SALICYLIC ACID
- MOISTURIZERS
LIGHT THERAPY

- UVB
- NBUVB
- PUVA
- EXCIMER LASER
- GOECKERMAN
SYSTEMIC TX

• APREMILAST
• CORTICOSTEROIDS
• METHOTREXATE
• CYCLOSPORINE
• RETINOIDS
• DAPSONE
• THIOGUANINE
• HYDROXYRUEA
• INTRALESIONAL KENALOG
BIOLOGICS

- USTEKINUMAB
- ADALIMUMAB
- ETANERCEPT
- IXEKIZUMAB
- SECUKINUMAB
CASE STUDY

- 33 yo MALE
- NEW ONSET RAPIDLY SPREADING RASH
- RECENT URI
- GIVEN 5 DAY COURSE OF AMOX FOR SORE THROAT AND 1 WEEK AFTER RASH DEVELOPED
- NO PRURITIS OR DISCOMFORT
- NO CONCOMITANT MEDICATIONS
- NO HEALTH ISSUES
DIAGNOSIS

• GUTTATE
• PLAQUE
• SEBOPSORIASIS
• PALMOPLANTAR
• INVERSE
• PUSTULAR
TREATMENT OPTIONS

- TOPICAL
- LIGHT
- SYSTEMIC
- BIOLOGIC
TOPICAL

- TOPICALS CAN BE HELPFUL INITIALLY IN SOME CASES.
- CONSIDER SYSTEMICS OR BIOLOGICS IN LONGSTANDING CASES
- MORE BENEFICIAL AS ADJUNCTIVE TX
LIGHT

- LIGHT CAN BE BENEFICIAL AND IS SAFE
- GUTTATE TENDS TO BE RAPIDLY RESPONSIVE TO LIGHT
- IN COMBINATION WITH TOPICALS WORKS WELL
SYSTEMICS

- SYSTEMICS ARE VERY USEFUL
- AVOID CORTICOSTEROIDS DUE TO FLARE
- METHOTREXATE IS BENEFICIAL IF NOT CONTRAINDICATED
- ACITRETIN IS HELPFUL ESPECIALLY IN COMBINATION WITH LIGHT
BIOLOGICS

- BIOLOGICS ARE VERY HELPFUL
- ANTI-TNF AGENTS TEND TO BE MORE RAPID ACTING
- MAY ONLY NEED SEVERAL MONTHS AND THEN RESOLVES
CASE STUDY

- 52 YO FEMALE
- GIVEN 7 DAY COURSE OF ORAL STEROID FOR "RASH"
- RAPIDLY EVOLVING RASH
- PT FEELING LETHARGIC AND FEBRILE
DIAGNOSIS

• GUTTATE
• PLAQUE
• SEBOPSORIASIS
• PALMOPLANTAR
• INVERSE
• PUSTULAR
TREATMENT OPTIONS

- TOPICAL
- LIGHT
- SYSTEMICS
- BIOLOGICS
TOPICAL

- ADJUNCTIVE THIS IS NOT A GREAT FIRST LINE THERAPY DUE TO SLOW ONSET OF ACTION.
LIGHT

• LIGHT CAN BE HELPFUL BUT WORKS BEST AS ADJUNCT
• COMBINE WITH ACITRETIN
SYSTEMEMICS

• SYSTEMEMICS EXTREMELY BENEFICIAL
• DO NOT REINSTITUTE ORAL CORTICOSTEROIDS
• CYCLOSPORINE MOST HELPFUL IF NOT CONTRAINDICATED
BIOLOGICS

- BIOLOGICS VERY HELPFUL
- DUE TO PRIOR APPROVAL PROCESS CAN CAUSE DELAY IN TX
- START THINKING ABOUT AS LONG TERM OPTION AFTER SHORT TERM TX WITH SYSTEMICS TO COOL PT DOWN