Psoriasis

- It is a Non-Contagious, chronic, Autoimmune disease that causes skin inflammation which is very itchy and causes silver plaques on the skin which are embarrassing to look.

Ethiopathogenesis

(1) Genetic → Strong Familial history. HLA B27 → PA, IBD
(2) Immunopathogenesis

Microbes → Dendritic cells (Stratum spinosum)
↓
Cytokines (Interferon γ, TNF, Interleukins)
↓
↑ Keratinocyte proliferation and other immune cells proliferation.

(3) Pathophysiology:

(1) Epidermal proliferation → ↑ keratinocytes in Stratum corneum
Proliferation more than 10 times of normal skin.
scaly appearance ←

(2) Blood vessel dilate → ↑ Neutrophils
↓
Erythema of skin

(4) Precipitating factors:
(1) Physical trauma → (Koebner Phenomenon)
(2) Infection - Streptococcal (Guttate Psoriasis)
(3) Drugs
(4) Psychological stress

(5) Pathology:
- Thickening of stratum Corneum & thinning of Basale
- Increased Keratin., Collection of Neutrophils (Munro microabscess)
- Parakeratosis (Nucleated Stratum Corneum)
- Psoriatic Arthritis

Clinical features

(1) Psoriasis Vulgaris: (Vulgaris - Common)
- Most common type.
- Erythematous plaque and papules with silvery white scales.
- On removal of the loosely attached scales minute bleeding points are seen (Auspitz sign)
- Lesions are bilateral & symmetrical
- Location → Elbows, knees, scalp hair margin. Sacrum

DD: Seborrhoic dermatitis, lichen planus.

(2) Guttate Psoriasis (Drop)
- Usually preceded by a streptococcal sore throat.
- Small papular lesions
- Location - Trunk
- Symmetrically present.
- Oval with central wrinkling and peripheral scaling.
- Starts in childhood.

(3) Flexural Psoriasis
- Location → Axilla, groins, submammary area, Natal cleft.
- Due to moist and warm environment they are fissured and erythematous not scaly.
- Elderly people.

DD → Contact dermatitis, Seborrhoic, intertrigo.

④ Localized forms

Palmoplantar psoriasis:-
- Seen in palms and soles.
- Hyperkeratosis and scaling is not removed.
- Painful fissures and bleeding.

Scalp psoriasis
- Seen in occiput
- No hair loss
- DD - Seborrhoic dermatitis

Psoriasis of nails
- Location → Nail bed. Nail dipping
- Onycholysis (Separation of Nail bed from plate).
- Oil drop sign is seen = Circulation area of discoloration in origin of nail bed.

⑤ Pustular Psoriasis

Localized → Chronic Palmoplantar pustular psoriasis
Generalized → Acrodermatitis continua
→ Acute GPP of von Zumbusch
GPP of Pregnancy (Impetigo herpetiformis)

i) Chronic Palmoplantar pustular psoriasis.
- Erythematous plaques studded with pustules
- Symmetrical
- In females of 40th decade
- Digital lesions are uncommon
- Location → Thenar eminence, heels, borders of feet.

ii) Acrodermatitis Continua
- Location → tips of fingers and toes and extend proximal.
- Nails become dystrophy.
- Seen in children
- Often leads to GPP.

2) Generalized Pustular Psoriasis

Acute App of Von Zumbusch

- It is a serious life threatening condition
- It often occurs after the withdrawal of steroids.
- Begins like plaque psoriasis and progress to generalized.
- Onset of fever and malaise.
- Erythema, Pustulation occurs in groin and axilla then up into exfoliation.
- Nails are dystrophic and geographic tongue.

Complication: Hypo albuminemia, hypocalcemia, Renal liver damage, Deep vein thrombosis.

Generalized Pustular psoriasis of Pregnancy.

- Impetigo herpetiformis
- Similar C/F of Acute GPP
- Neonatal death, fetal abnormalities are common

(6) Erythrodermic Psoriasis

- Generalized (>90% of body surface) erythema and itching.
- It is an emergency condition to be hospitalized.

Psoriatic arthropathy

- Common seronegative polyarthritis
- If not managed leads to mortality.
- 4 types i) Distal arthritis ii) RA like arthritis (rheumatoid) iii) Ankylosing spondylitis iv) Mutilating arthritis

Prognosis:

- Relapse is rule. Guttate have better prognosis.