Psoriasis

Definition
Psoriasis is a chronic, inflammatory skin disease. Knees, elbows, scalp, trunk, and nails are the most commonly affected areas. There are several types of psoriasis:

- Plaque—inflamed patches of skin topped with silvery, white scales (most common type)
- Guttate—small, dot-like lesions
- Pustular—weeping lesions and intense scaling
- Inverse (intertriginous)—inflamed patches of skin in body folds (armpits, groin, under breasts)
- Erythrodermic—intense sloughing and inflammation of nearly the entire skin

Causes
The cause of psoriasis is unclear. Signals from a defect in the immune system may result in an overgrowth of skin cells. Because the cells grow faster than they can be shed, they pile up on the skin's surface. The excess skin cells are thought to cause the silvery white scales that are characteristic of plaque-type psoriasis.
Risk Factors
Factors that may increase your risk include:

- Family history of psoriasis
- Cold climates
- Certain bacterial infections
- Certain medications, such as beta blockers, tumor necrosis factor-alpha inhibitors, and lithium
- Smoking
- Skin injury
- Suppression of the immune system, including AIDS

Symptoms
The red, thickened, and rough patches of psoriasis may occur anywhere, but are commonly found on the scalp, elbows, knees, palms, and soles. Other symptoms include:

- Silvery white scales
- Pitted or dented fingernails and/or toenails
- Red lesion in folds of skin
- Joint pain suggesting arthritis

The skin may also be sore, burning, or itchy depending on the type of psoriasis.

The rashes may come and go.

Diagnosis
You will be asked about your symptoms and medical history. A physical exam will be done. It will include an exam of your skin and nails will be examined. There are no specific blood tests or diagnostic procedures for psoriasis. Sometimes a skin biopsy will be done to confirm the diagnosis.

Treatment
Treatment is based on:

- The severity of the disease
- The extent and location of the areas involved
- Responsiveness to the treatment

Topical Treatment
Many patients respond well to treatments applied directly to the skin. Topical treatments include:

- Corticosteroid creams and ointments (most common treatment)
- Synthetic forms of vitamin D and retinoids
- Retinoids
- Coal tar preparations
- Bath solutions and moisturizers
- Tacrolimus and pimecrolimus (especially for inverse psoriasis)

Photo (Light) Therapy
If psoriasis covers more than 30% of the body, it is difficult to treat with topical medications alone. Daily, short, nonburning exposure to sunlight clears or improves psoriasis in many people. Sunlight is often included among initial treatments.

A more controlled form of artificial light treatment (UVB phototherapy) is often used in cases that are more widespread. Alternatively, psoriasis can be treated with ultraviolet A (UVA light) and psoralen. Psoralen is an oral or topical medication that makes the body more sensitive to light. This treatment is known as PUVA.

**Phototherapy** can be very effective in controlling psoriasis but it requires frequent treatments. It may cause side effects such as nausea, headache, and fatigue, burning, and itching. Both UVB and PUVA may increase the person's risk for **squamous cell** and, possibly, **melanoma skin cancers**.

**Systemic Treatment**

For more severe types of psoriasis, doctors may prescribe a number of other powerful medications, which can be effective, but are associated with side effects that are more serious. These include:

- Methotrexate—a type of systemic medication that affects the whole immune system; should not be taken by pregnant women, women planning to become pregnant, or by their male partners
- Cyclosporine—another type of systemic medication that suppresses the immune system to slow the turnover of skin cells; should not be taken by pregnant or breastfeeding women
- Hydroxyurea—less toxic than methotrexate or cyclosporine, but may be less effective
- Systemic retinoids—Compounds with vitamin A-like properties taken internally may be prescribed in severe cases. Retinoids can cause birth defects, and women must protect themselves from pregnancy for several years after completing treatment. Systemic retinoids are often combined with phototherapy for increased effectiveness and for their property of being protective against squamous skin cancer.
- Newer medications include biologic agents, which affect a part of the body's immune response by targeting certain cells in the immune system that cause inflammation

**Prevention**

Avoiding physical trauma to the skin, infections, and cold, dry temperatures may help reduce flare-ups in people with the condition. You may be advised to avoid certain foods if they appear to make your psoriasis worse.