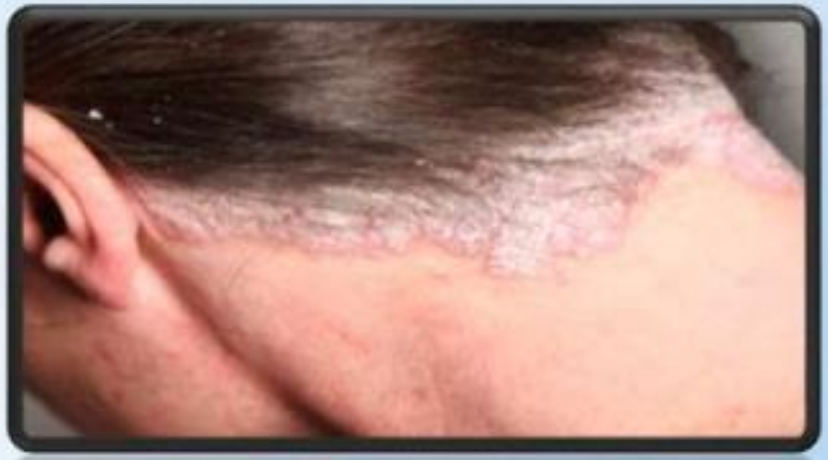
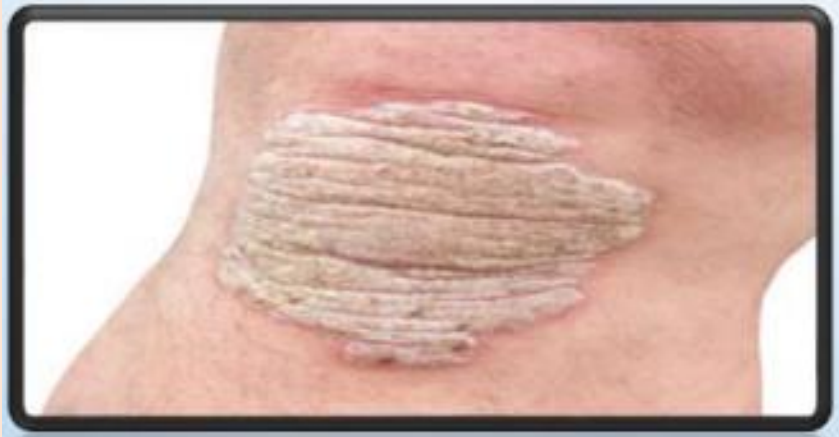
UNDERSTANDING PSORIASIS

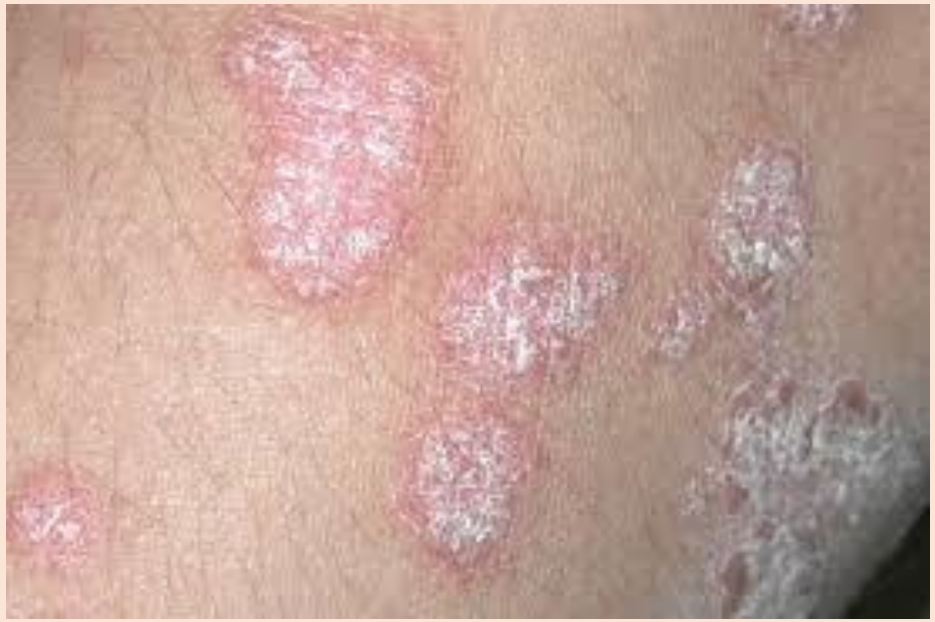
by vidyanand tannu

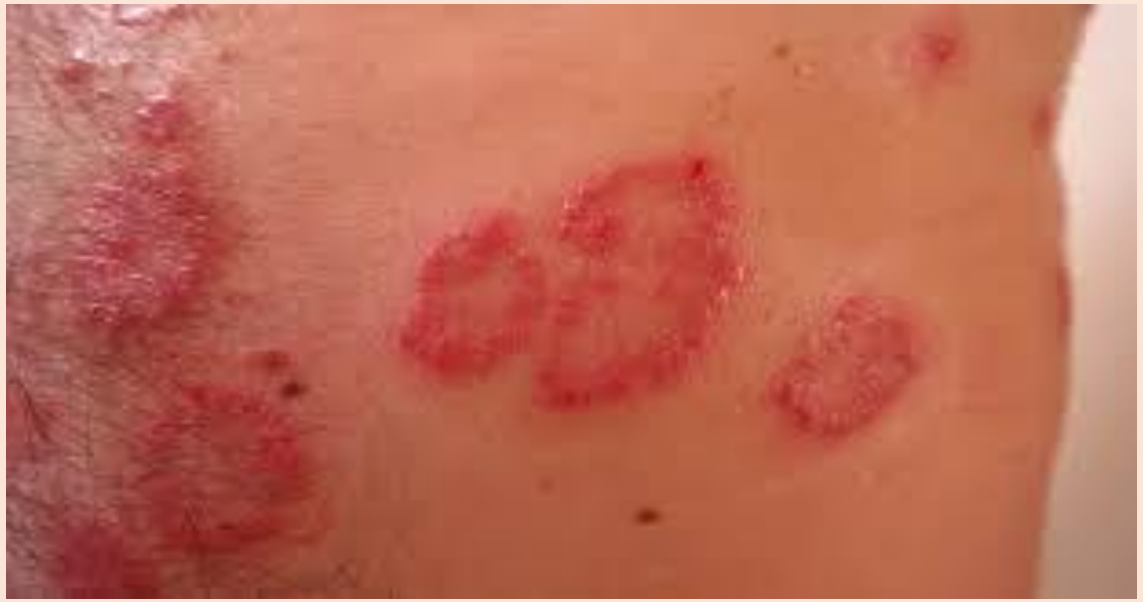


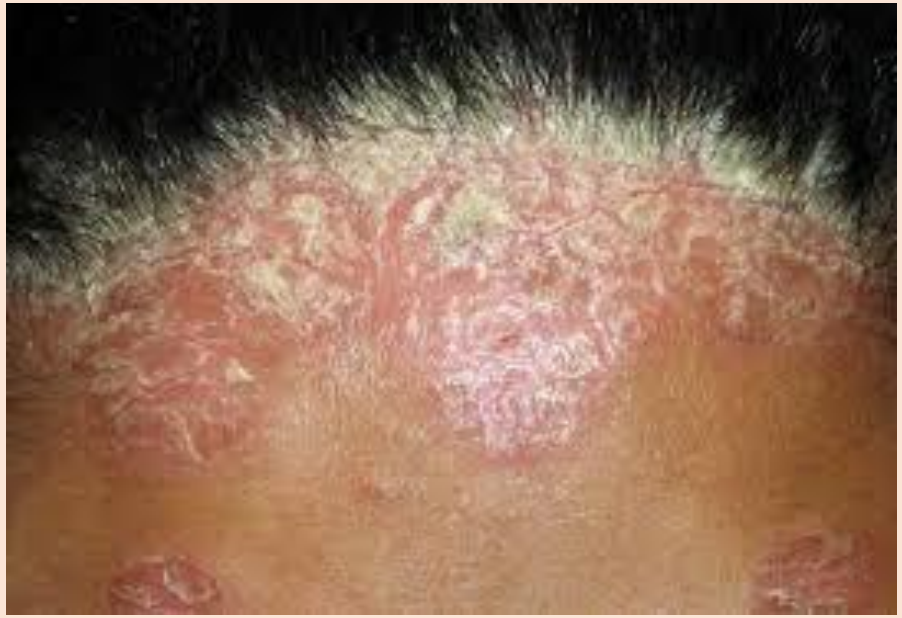
PSORIASIS



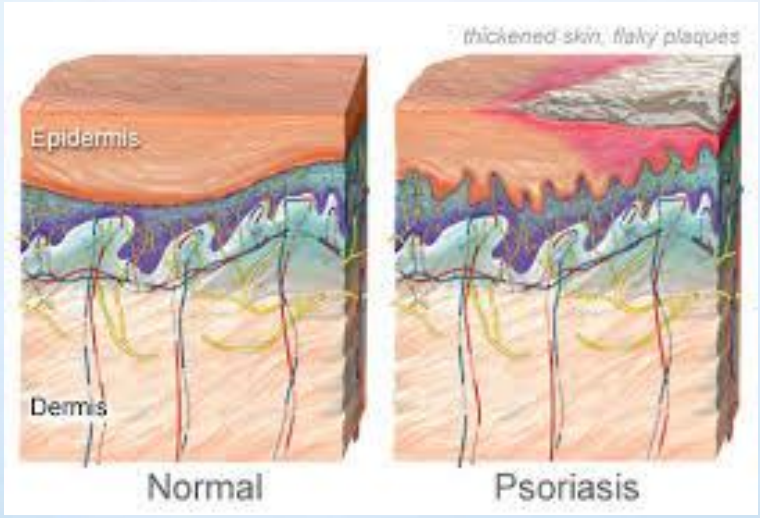
MANY FACES



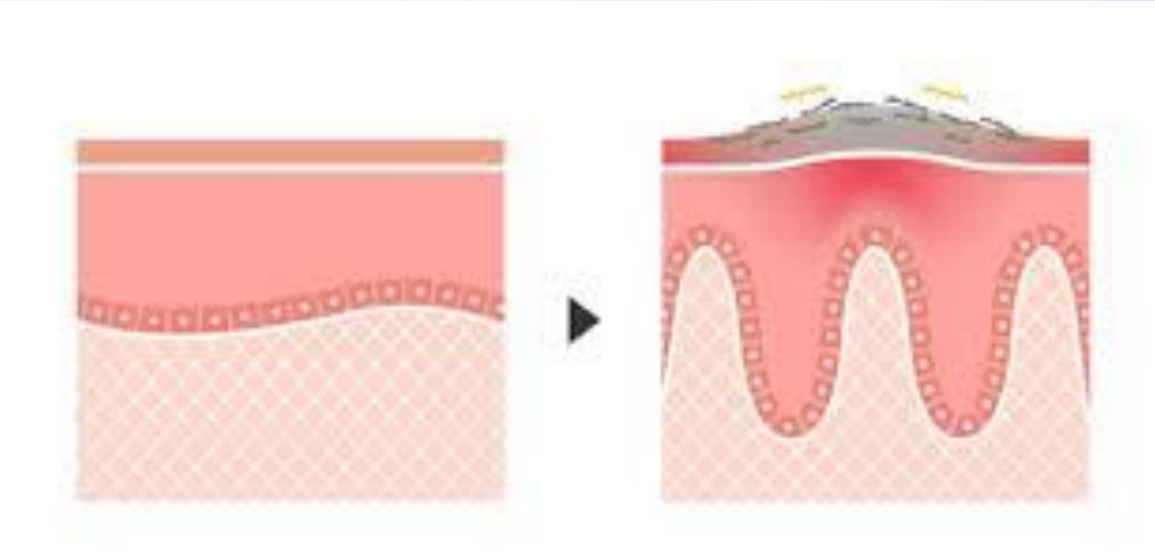




The cells in the basal layer of the skin divide too quickly, and the newly formed cells move so rapidly to the skin surface that they become evident as profuse scales or plaques of epidermal tissue.



The psoriatic epidermal cell may travel from the basal cell layer of the epidermis to the stratum corneum (ie, skin surface) and with in 3 to 4 days, which is in sharp contrast to the normal 26 to 28 days.



ETIOLOGY

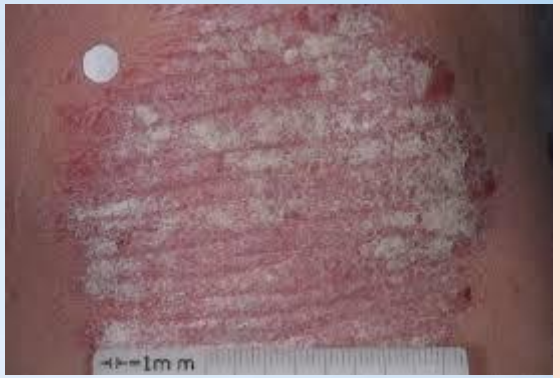
- Idiopathic cause

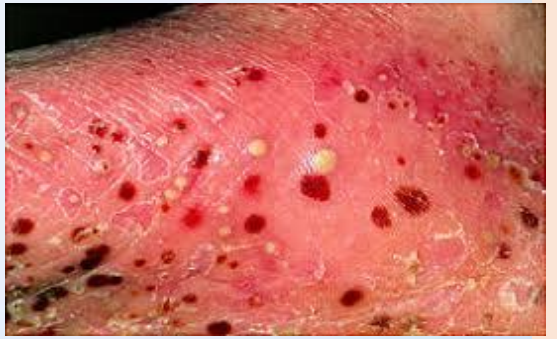
Some of the factors that may trigger psoriasis are:

- Genetic
- Autoimmune reaction
- Infection
- Injury to skin
- Changes in climate

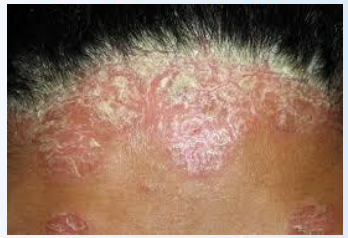
- Medications: Lithium, Antimalarial Medications, Propronalol , Indomethacin
- Stress
- Obesity
- Smoking

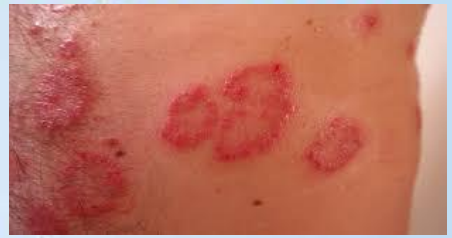
- Restricted joint motion or pain
- Cracked and bleeding skin
- Dandruff on scalp
- Pus filled blisters
- Genital lesions in males.
- Pitting, small depression on the surface of the nail
- Yellow, discolored nail
- Arthritis





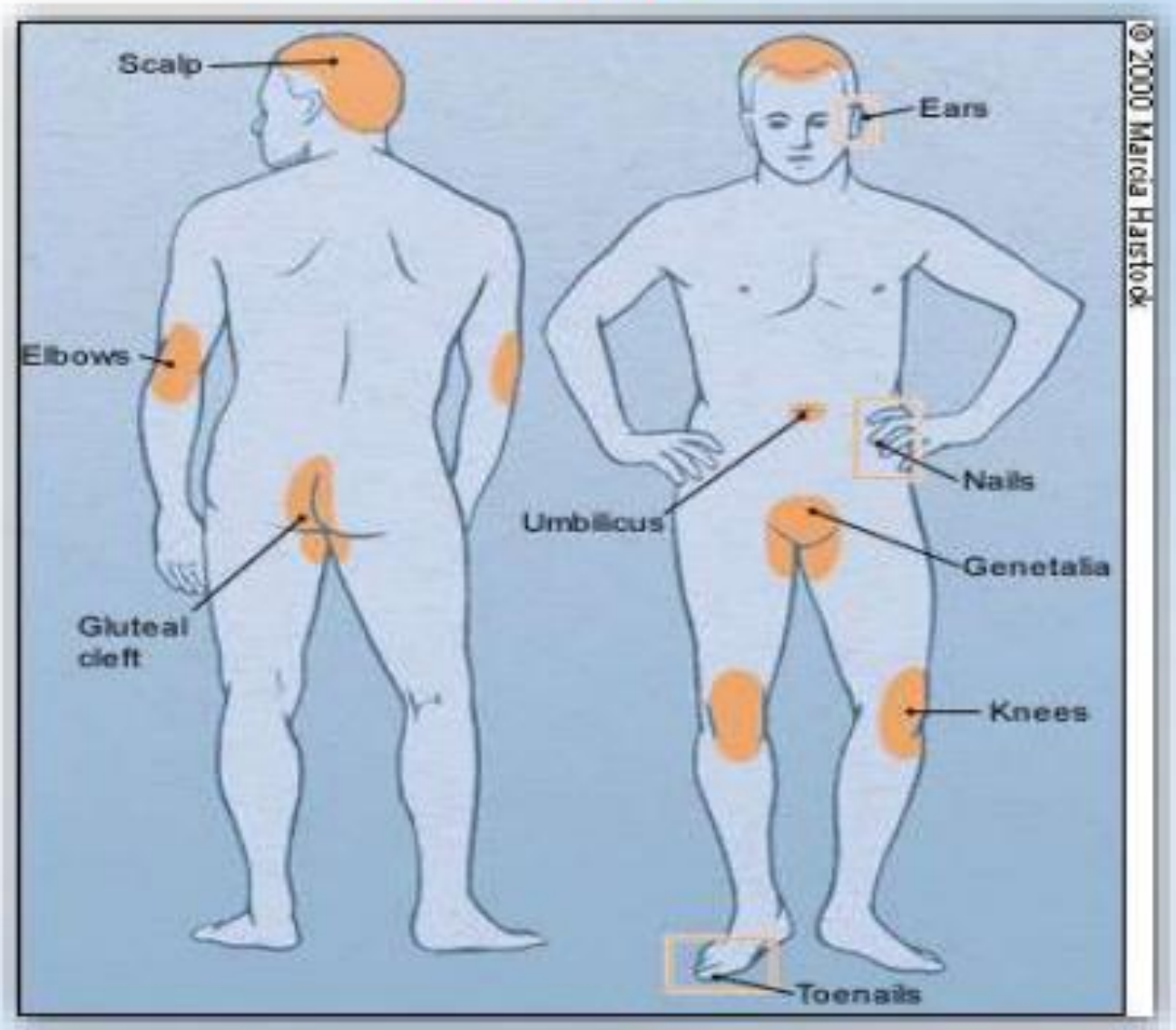
- The lesions are most abundant over the scalp, the extensor surface of the elbows and knees, the lower part of the back, and the genitalia.





- Bilateral symmetry is a feature of psoriasis.
- In approximately one fourth to one half of patients, the nails are involved, with pitting, discoloration, crumbling beneath the free edges, and separation of the nail plate.
- When psoriasis occurs on the palms and soles, it can cause pustular lesions called palmar pustular psoriasis.

Most common sites of psoriatic lesions



The standard treatment modalities includes:

- Topical therapy
- Intralesional therapy
- Systemic therapy
- photochemotherapy

- Coal tar preparations are photosensitizing agents so patient should be warned not to expose treated skin to the sun.

- Apply tar shampoo and steroid lotion daily for scalp lesions.

Occlusive dressings:

- Use plastic wrap or bags as the occlusive dressing, and use rubber gloves on the client's hands, plastic bag on the feet, and a shower cap on the head if affected.

2. INTRALESIONAL THERAPY:

- Injections into highly visible or isolated patches of psoriasis that are resistant.
- **Triamcinolone acetonide** is injected, and care is taken so that normal skin is not injected

3. SYSTEMIC THERAPY

- *Methotrexate* have been used in treating extensive psoriasis that fails to respond to other forms of therapy. It inhibits DNA synthesis in epidermal cells and thus reducing the epidermopoesis.
- Should monitor hepatic, haematopoietic and renal systems.
- Reinforce women of childbearing age that retinoids and methotrexate are teratogenic; women must be using birth control.

ADVANCED THERAPIES IN SPECIAL CONDITIONS

CYCLOSPORIN

ENBREL INJECTIONS HUMERA

MYCOFENOLATE MOFEETIL

SCAPHO INJECTION

RITUXIMAB

THE END