PSORIASIS

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PSORIASIS

- WHAT'S PSORIASIS?
- FACTS ABOUT PSORIASIS?
- STIGMATA OF PSORIASIS?
- MYTHS ABOUT PSORIASIS
- RECENT NEWS ABOUT PSORIASIS?

PSORIASIS

Is a life long genetically determined autoimmune skin disease characterized by well circumscribed areas of thick, red, scaly skin

• From the Greek "psoros" meaning "rough, scabby"

FACTS ABOUT PROSIASIS

- Affects 2% of population world wide
- Affects more than 5% of US population
- Common disease
- More understanding and clarity
- More advances! More confusion!
- Dynamic!!

STIGMATA OF PSORIASIS

- Typical lesion
- Typical presentation
- Affects almost any part of body skin
- Disfiguring disease
- · Significant pschycologic associations

Anatomic sites

- Scalp (80%)
- Elbows (78%)
- Legs (74%)
- Knees (57%)
- Nails (10-55%)
- Gluteal cleft
- Palms/soles (12%)

CLINICAL VARIANTS

- Chronic plaque psoriasis
- Guttate psoriasis
- Erythrodermic psoriasis
- Generalized pustular psoriasis (von Zumbusch)
- Localized pustular psoriasis
 - Palmaris et plantaris
 - Acrodermatitis continua
- Inverse psoriasis

PSORIATIC NAIL CHANGES

- Onycholysis
- · "Oil drops"
- Pitting
- Subungual hyperkeratosis
- Splinter hemorrhages

TRIGGERS FOR PSORIASIS

- Direct skin injury (Koebner phenomenon)
- Discontinuation of systemic corticosteroids
- · Streptococcal pharyngitis
- Emotional stress
- Alcohol intake
- Smoking
- HIV
- Medications

MYTHS ABOUT PSORIASIS

- · It's a contagious disease!
- It's only a skin disease!
- Guttate psoriasis is the most common type in children!
- · Guttate psoriasis is a curable disease!
- · Psoriasis can be managed as Eczema

Recent news

- Psoriasis is a systemic disease
 - Arthritis (old)
 - Metabolic syndrome (new)

Recent news

Psoriasis co-morbidities!!!

PSORIASIS IS NOT JUST A SKIN DISEASE

- Psoriatic arthritis occurs in approximately 30% of patients with psoriasis
- Depression and alcohol abuse are common in individuals with psoriasis
- Obesity tends to make psoriasis worse, and psoriasis tends to make obesity worse
- Severe psoriasis is associated with up to a 7X risk for developing myocardial infarction, especially at a younger age
- Severe psoriasis is associated with increased mortality (~5 year shorter life span)

PSORIASIS AS A SYSTEMIC DISEASE: CHANGING PRACTICE

- •Use systemic therapy more (do TNF- α blockers have beneficial effects on metabolic syndrome/cardiovascular risk/mortality?)
- •More monitoring: baseline blood pressure, fasting glucose/lipids
- More conversations on smoking and alcohol cessation
- More referrals to internal medicine, nutrition, cardiology, rheumatology, psychiatry, gastric bypass surgery

Recent news

- Therapeutic lines
 - Topical
 - Phototherapy
 - Systemic
 - Biologic therapy

BIOLOGIC TREAMENTS FOR PSORIASIS/PSORIATIC ARTHRITIS

- Etanercept: soluble TNF-α receptor
- Adalimumab: human anti-TNF-α mAb
- Infliximab: chimeric anti-TNF-α mAb
- Golimumab: human anti-TNF-α mAb
- Ustekinumab: human anti-IL-12/IL-23 mAb

APPROXIMATE PASI 75 RESPONSES TO BIOLOGICS AT WEEK 12

Etanercept: 40-50%
Adalimumab: 60-70%
Infliximab: 75-80%
Golimumab: 50%

• Ustekinumab: 70% (80% at week 24)

LICHEN PLANUS

 Lichen Plans LP is an inflammatory skin disease that has characteristic clinical and pathologic features and affects the skin, mucous membranes, nails and hair.

Clinical Features of Lichen Planus

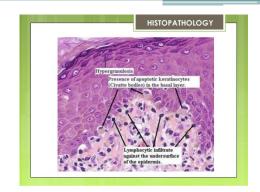
- Typical lesions
- Wickham's striae
- Oral involvement

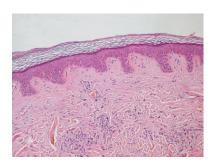
Clinical Features of Lichen Planus

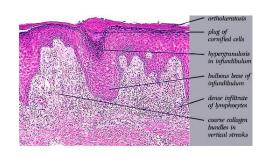
- · Nail changes:
 - Thinning/longitudinal ridging
 - Onycholysis/subungual hyperkeratosis
 - Pterygium

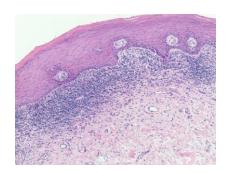
Clinical Features of Lichen Planus

- Clinical variants
 - Hypertrophic
 - Annular
 - Lichen planopilaris
 - Ulcerative/Erosive LP









Epidemiology

- Prevalence: 0.3- 0.8% world wide
- 30-60 years
- Women affected more than men
- · Rare in children

Pathogenesis and Etiology

- · Unknown etiology
- · T-cell disease
- · Liver disease association

Diagnosis of Lichen Planus

- Clinical
- Histopathological

Treatment of Lichen Planus

- Topical corticosteroids
- Oral corticosteroids
- Systemic retinoides
- Hydroxychlorquine
- Phototherapy
- Cyclosporine

PITYIASIS ROSEA

 PR is a common acute self limited inflammatory skin disease. Children and young adults are often affected.

Clinical Features



PATHOGENESIS AND ETIOLOGY

- T-Cell
- Viral

MANAGEMENT:

- ? Topical
- ? Systemic