

PSORIASIS

Description

Psoriasis is a common skin condition that causes skin redness and irritation. Most persons with psoriasis have thick, red skin with flaky, silver-white patches called scales.

Psoriasis may affect any or all parts of the skin. There are five main types of psoriasis.

- 1) Plaque – Thick, red patches of skin are covered by flaky, silver-white scales. This is the most common type
- 2) Guttate – Small, pink-red spots appear on the skin.
- 3) Inverse – Skin redness and irritation occurs in the armpits, groin, and in between overlapping skin.
- 4) Pustular – White blisters are surrounded by red, irritated skin.
- 5) Erythrodermic – The skin redness is very intense and covers a large area.

Approximately 5-10% of people with psoriasis may also have arthritis, a condition known as psoriatic arthritis. Although not always, psoriatic arthritis is more often seen in people with widespread psoriasis than those who have a small amount.

Psoriasis may also affect the nails. About 10% of people with psoriasis have visible changes only in the nails, including nail thickening, yellow-brown spots, dents (pits) on the nail surface, and separation of the nail from the base.

Causes

Psoriasis seems to be an inherited disorder. This does not mean, however, that every child of a parent with psoriasis will develop psoriasis. It is common that somewhere down the line psoriasis will appear in families. In the last few years, studies have indicated that psoriasis is autoimmune. It probably occurs when the body's immune system mistakes healthy cells for dangerous substances.

In normal skin, skin cells grow deep in the skin and rise to the surface about once a month. In persons with psoriasis, this process is too fast and dead skin cells build up on the skin's surface.

The following may trigger an attack of psoriasis or make the condition more difficult to treat:

Bacteria or viral infections, including strep throat and upper respiratory infections.

Dry air or dry skin.

Injury to the skin, including cuts, burns, and insect bites.

Some medicines, including anti-malaria drugs, beta-blockers, and lithium.

Stress.

Too little sunlight.

Too much sunlight (sunburn).

Too much alcohol.

Psoriasis is not caused by allergies, dietary deficiencies or excesses, or nervous tension.

Exams and Tests

Your doctor will look at your skin. Diagnosis is usually based on what the skin looks like.

Sometimes, a skin biopsy is done to rule out other possible conditions. If you have joint pain, your doctor may order x-rays.

Treatment

The goal of treatment is to control your symptoms and prevent secondary infections. There is no cure for arthritis, but there are a number of medicines that can control psoriasis.

Mild cases of psoriasis are usually treated with topical medications: cortisone creams, creams or ointments that contain coal tar or anthralin, creams to remove the scaling (usually salicylic acid or lactic acid), dandruff shampoos (over-the-counter or prescription), moisturizers, or prescription medicines containing vitamin D or vitamin A (retinoids).

Phototherapy is a medical procedure in which your skin is carefully exposed to ultraviolet light. Phototherapy may be given alone or after you take a drug that makes the skin sensitive to light.

People with very severe psoriasis may receive medicines to suppress the body's immune response. These medicines include methotrexate or cyclosporine. (Persons who have psoriatic arthritis may also receive these drugs.)

Newer drugs called biologics specifically target one or two factors in the immune system. These biologics approved for the treatment of psoriasis include:

Enbrel (Etanercept)

Humira (Adalimumab)

Remicade (Infliximab)

Stelara (ustekinumab)

Cosentyx (secukinumab)

Otezla (apremilast)

Talz (ixekizumab)

Tremfya (guselkumab)

Skyrizi (risankizumab)

Siliq (brodalumab)

Outlook (Prognosis)

Psoriasis is a life-long condition that can be controlled with treatment. It may go away for a long time and then return. With appropriate treatment, it usually does not affect your general physical health, but newer studies are showing that people with psoriasis may have a slightly higher risk of obesity, diabetes and heart disease (although it is not known why) and a slighter higher risk of lymphoma.

Prevention

There is no known prevention. Keeping skin clean and moist and avoiding your specific psoriasis triggers may help reduce the number of flare-ups.