



Psoriasis

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INDIAN + COUNTRY

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LEADING THE WAY 

*Growing the Ability to Deliver Quality Healthcare to
American Indian and Alaska Native People.*

Overview

- I. Recognition
- II. Differential Diagnosis
- III. Management
- IV. Case discussions



Psoriasis

Epidemiology

- Worldwide prevalence around 2%
- In U.S. and Canada, slightly higher prevalence (around 4-5%)
- Can appear at any age, but two predominant peaks around age 20-30 and 50-60



Psoriasis

Psoriasis Pathogenesis

- **Strong genetic predisposition**
 - **HLA associations (HLA-Cw6)**
 - **HLA-B27 (sacroiliitis, psoriasis and reactive arthritis)**
 - **Largely genes associated with immune signaling**
 - **TNF-alpha, interferons, NF-kappa B, IL-23, Th17 cells**
 - **Considered by some to be an autoimmune disease of the skin, but no clear auto-antigen yet identified**



Psoriasis

Triggering Factors

- **Koebner phenomenon**
- **Infection**
- **HIV**
- **Hypocalcemia**
- **Drugs**
 - **Lithium, interferons, beta blockers, antimalarials**
- **Alcohol/smoking/obesity**



Psoriasis

Clinical subtypes

- **Plaque psoriasis**
- **Inverse psoriasis**
- **Guttate psoriasis**
- **Palmoplantar psoriasis**
- **Pustular psoriasis**
- **Psoriatic arthritis**



Psoriasis

Plaque Psoriasis



Psoriasis

Plaque Psoriasis



Psoriasis

Inverse Psoriasis



Psoriasis

Inverse Psoriasis



Psoriasis

Guttate Psoriasis



Psoriasis

Palmoplantar psoriasis



Psoriasis

Palmoplantar pustulosis



Psoriasis

Acrodermatitis continua of Hallopeau



Psoriasis

Pustular psoriasis



Psoriasis

Nail findings – pitting and onycholysis



Erythrodermic psoriasis



Psoriasis

Psoriatic arthritis



Psoriasis

Evaluation

- History:
 - Key clinical features are recurrence and persistence, Koebner phenomenon
 - Family history, Medications, Triggers, Prior treatments, arthritis symptoms
- Physical exam:
 - Evaluate body surface area involvement
 - Common sites: scalp, elbows
 - Nails, joints
- Ddx:
 - Syphilis
 - Pityriasis rosea
 - Parapsoriasis
 - Eczema
 - Lichen planus



Psoriasis Management

Topicals

1. Topical steroids

- **Clobetasol 0.05%** (high-potency, palms/soles/scalp, thick lesions)
- **Triamcinolone 0.1%** (mid-potency, trunk/arms)
- **Hydrocortisone 2.5%** (low potency, face/skin folds/groin)

2. Topical calcineurin inhibitors (face/skin folds/groin)

3. Calcipotriene – vitamin D receptor agonist

4. Coal tar, tapinarof

5. Anthralin

6. Tazarotene



Psoriasis Management

Systemic treatment

1. Phototherapy

- nbUVB
- PUVA

2. Oral agents:

- Cyclosporine, apremilast, methotrexate, acitretin

3. Biologics

- TNF-alpha inhibitors
- IL-12/23 inhibitors
- IL-17 inhibitors
- IL-23 inhibitors



Psoriasis

Psoriasis Case #1

A 36-year-old male patient presents to clinic for evaluation and treatment of rash. Has had this for 12 years, flared after a recent URI when he was given a steroid taper.

Onset: 12 years

Prior treatments: over-the-counter hydrocortisone, oral vitamin D and fish oil

PMH: Anxiety, depression, PTSD







Psoriasis

Psoriasis Case #2

A 34-year-old female patient presents to clinic for evaluation and treatment of rash. Developed shortly after a case of strep throat treated with amoxicillin.

Onset: 1 month ago

Prior treatments: None

PMH: N/A







Psoriasis

References:

- Bologna J Schaffer JV Cerroni L. *Dermatology*. Fourth ed. Philadelphia: Elsevier; 2018.
- James WD Elston DM Berger TG Andrews GC. *Andrews' Diseases of the Skin : Clinical Dermatology*. 11th ed. London: Saunders/ Elsevier; 2011.



Thank You!



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