

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

Psoriasis

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Overview



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



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 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



Triggering Factors

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



Clinical subtypes

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

Plaque Psoriasis





Plaque Psoriasis





Inverse Psoriasis



Inverse Psoriasis





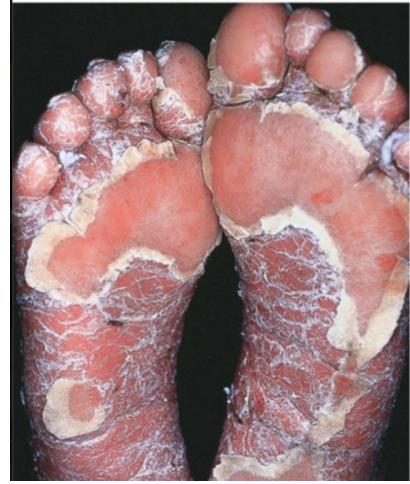
Guttate Psoriasis





Palmoplantar psoriasis



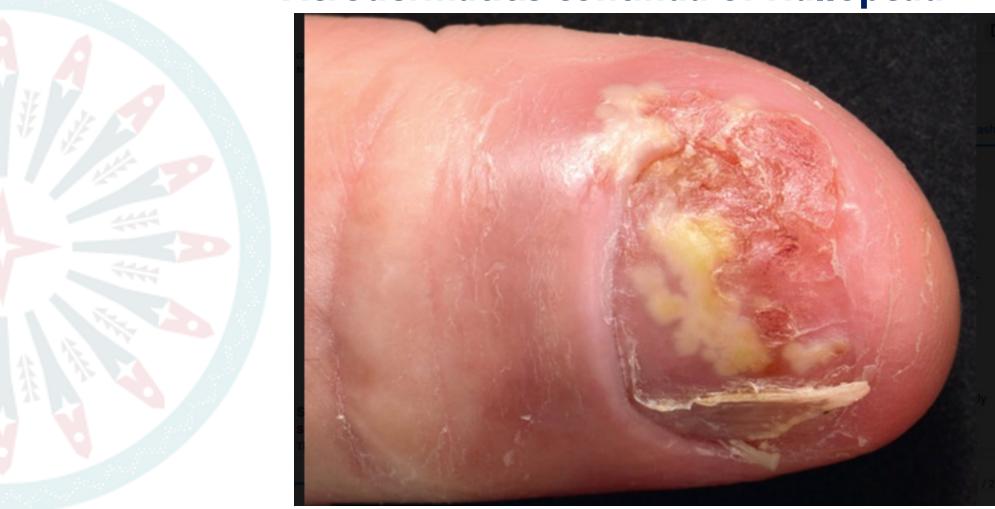








Acrodermatitis continua of Hallopeau



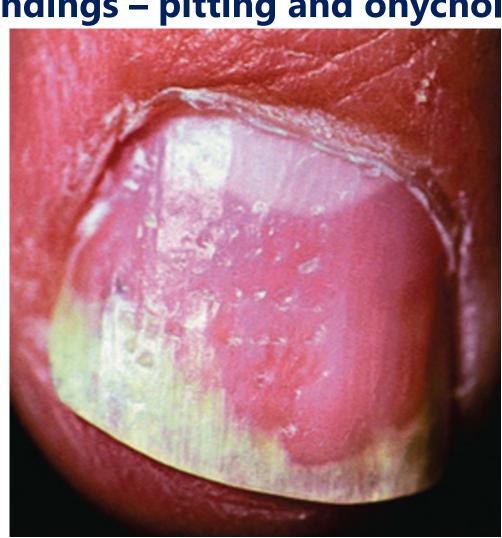
Pustular psoriasis





Nail findings – pitting and onycholysis





Erythrodermic psoriasis



Psoriatic arthritis







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

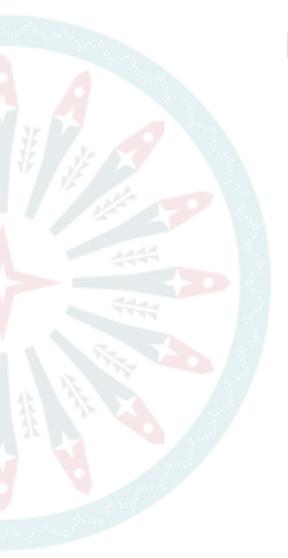
- 1. Topical steroids
 - Clobetasol 0.05% (high-potency, palms/soles/scalp, thick lesions)
 - Triamcinolone 0.1% (mid-potency, trunk/arms)
 - Hydrocortisone 2.5% (low potency, face/skin folds/groin)
- 2. Topical calcineurin inhibitors (face/skin folds/groin)
- 3. Calcipotriene vitamin D receptor agonist
- 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 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 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.

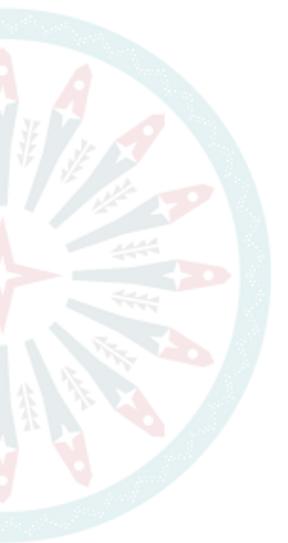
Onset: 1 month ago

Prior treatments: None

PMH: N/A







References:

- Bolognia 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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