

**#MADEEASY**



**PSORIASIS**  
**PART 2**





## PSORIASIS PART 2

### Types of Psoriasis

- **Plaque Psoriasis:** *The most common type*, characterized by well-demarcated plaques covered with silvery scales.
- **Guttate Psoriasis:** *Small, drop-like lesions often triggered by a streptococcal infection, primarily in younger individuals.*



- **Pustular Psoriasis:** *Either localized (palmar-plantar) or generalized, presenting with pustules over red, inflamed skin.*

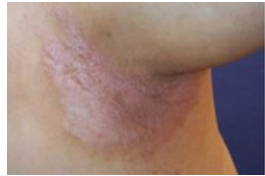


- **Erythrodermic Psoriasis:** *A rare but severe form involving widespread redness, scaling, and systemic symptoms.*





# TYPES OF PSORIASIS



- **Inverse Psoriasis:** Involves skin folds, presenting with smooth, shiny plaques without the typical scaling.

- **Scalp Psoriasis:** Thick, scaly patches in the scalp, often resembling dandruff but more inflammatory.



## Diagnosis

- **Diagnosis is often made based on the clinical appearance of the skin lesions and nails.**
- **Histology:** Skin biopsy may be performed to confirm the diagnosis by revealing characteristic features such as acanthosis, parakeratosis and Munro abscesses.
- **Psoriatic arthritis can be diagnosed with imaging, showing joint space narrowing and bony changes.**

## Treatment

- **Topical Therapies:**
- **Corticosteroids:** Anti-inflammatory agents that help reduce scaling and erythema.
- **Vitamin D Analogues:** Modulate keratinocyte proliferation and differentiation.
- **Phototherapy:**
- **UVB Phototherapy:** Narrowband UVB is effective for widespread psoriasis, reducing T-cell activity and keratinocyte proliferation.
- **PUVA (Psoralen + UVA):** Used for more severe cases
- **Systemic Therapies:**
- **Methotrexate:** An immunosuppressant that reduces T-cell activity and keratinocyte proliferation.
- **Cyclosporine:** A potent immunosuppressant used in severe psoriasis.
- **Acitretin:** An oral retinoid, primarily used in pustular and erythrodermic psoriasis.
- **Target therapy:**
- **TNF- $\alpha$  Inhibitors (Infliximab, Adalimumab):** Target specific cytokines responsible for inflammation in psoriasis.





# TREATMENT

| Aspect         | Feature   |
|----------------|---|
| Skin Lesions   | Well-demarcated plaques with silvery scales on extensor surfaces, Koebner phenomenon, Auspitz sign    |
| Nail Findings  | Pitting, onycholysis, subungual hyperkeratosis, oil drop sign, splinter hemorrhages                   |
| Histopathology | Acanthosis, parakeratosis, Munro abscesses, spongiform pustules of Kogoj, dilated dermal capillaries  |
| Types          | Plaque, guttate, pustular, erythrodermic, inverse psoriasis   |
| Treatment      | Topical corticosteroids, Vitamin D analogues, phototherapy, systemic agents (Methotrexate, Biologics) |

