Psoriasis

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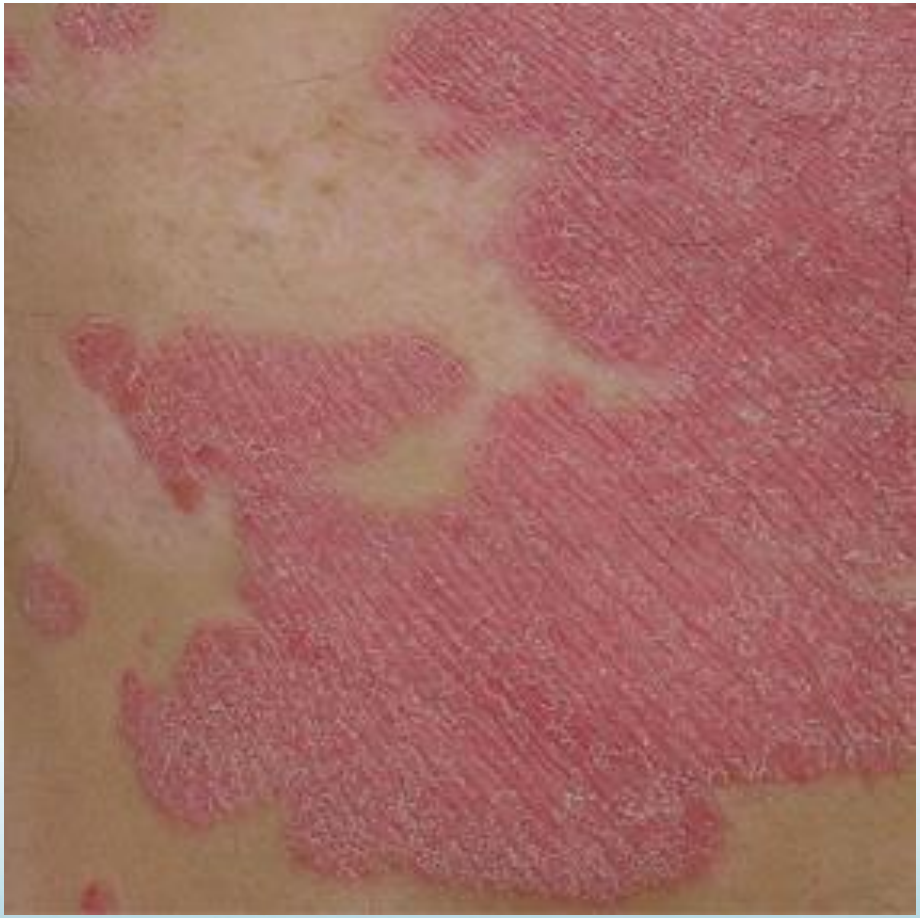
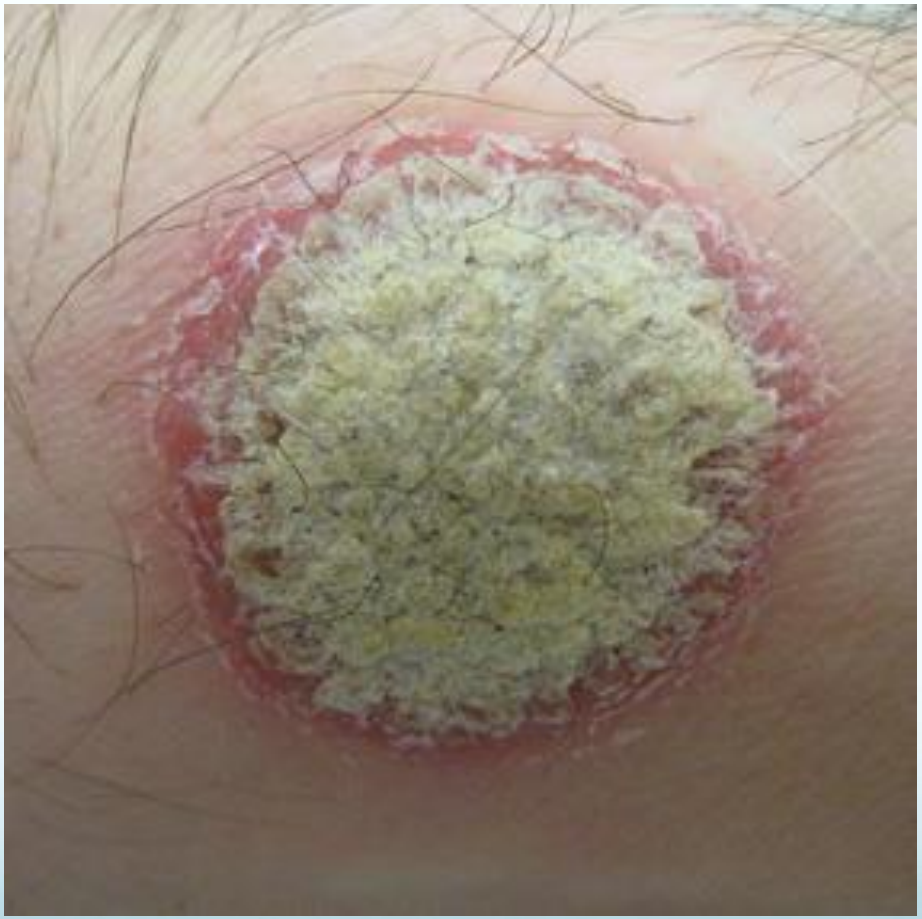
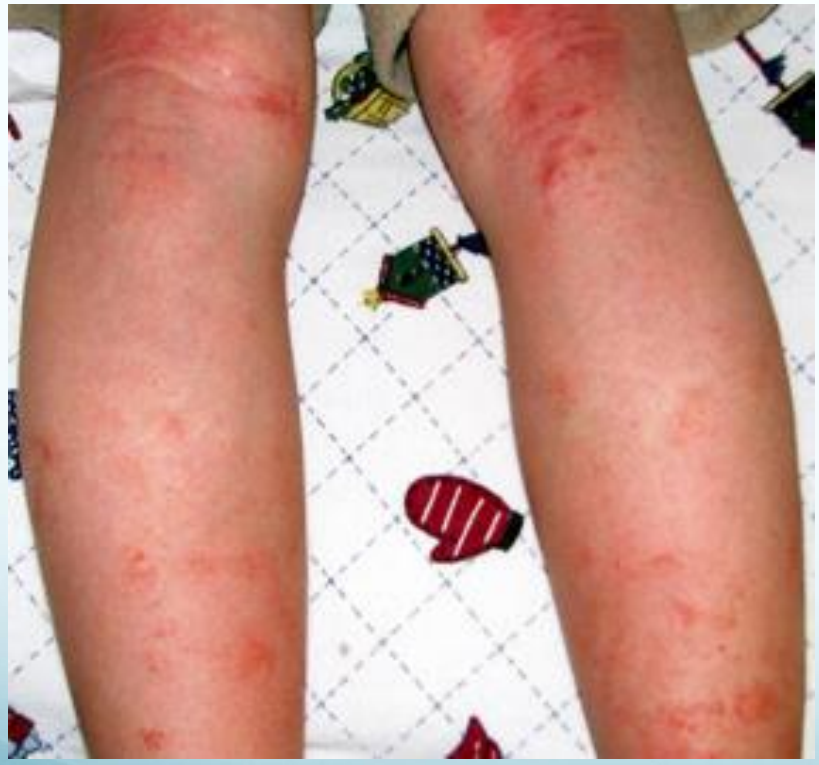
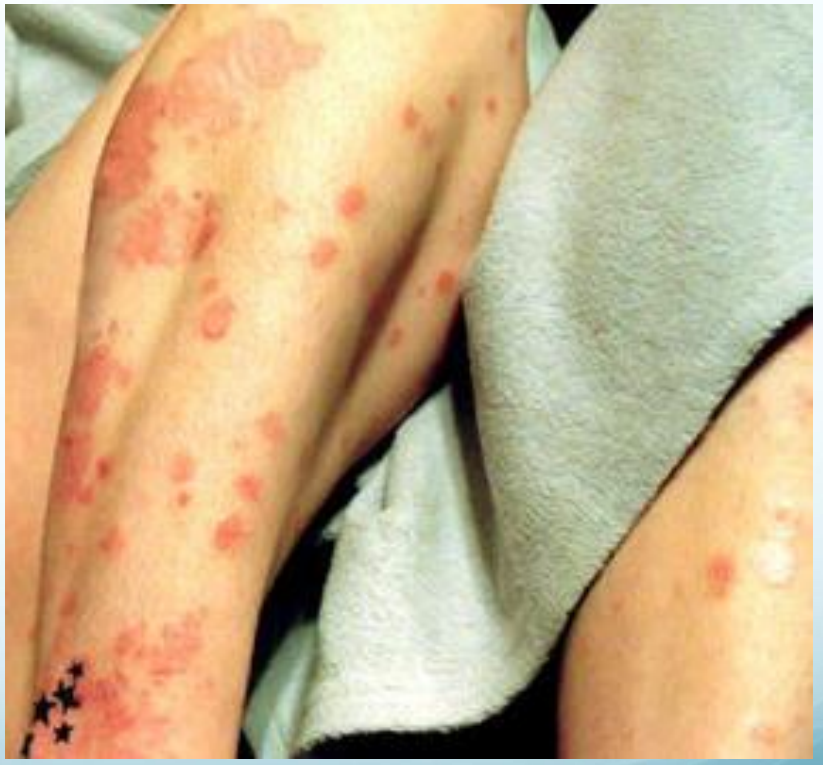
Is it Psoriais

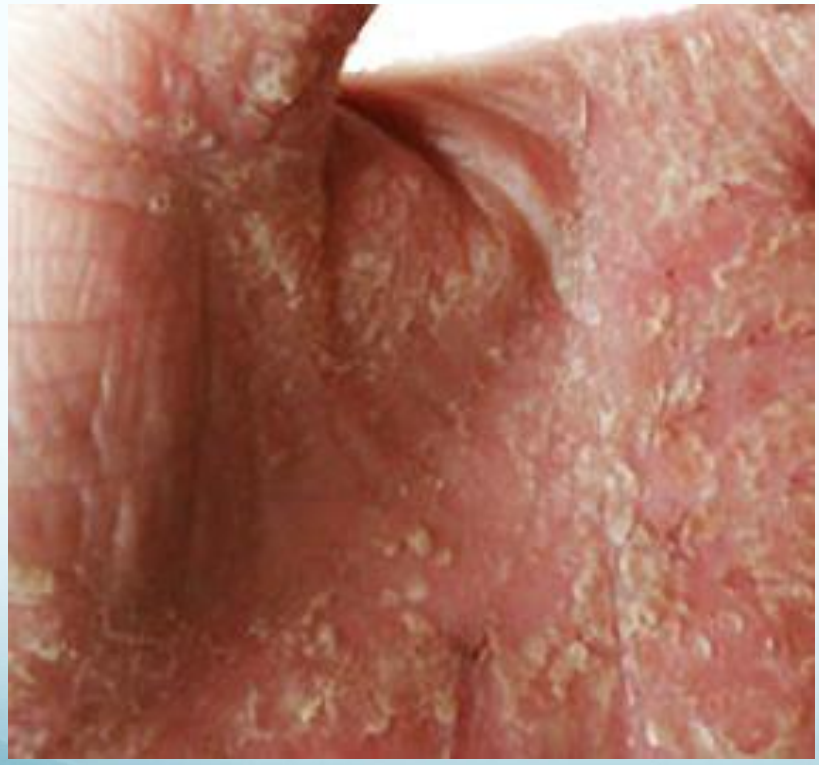
- Chronic Autoimmune diseae
- Well demarcated plaques
- Silvery white scale
- Inflammed red skin often itchy

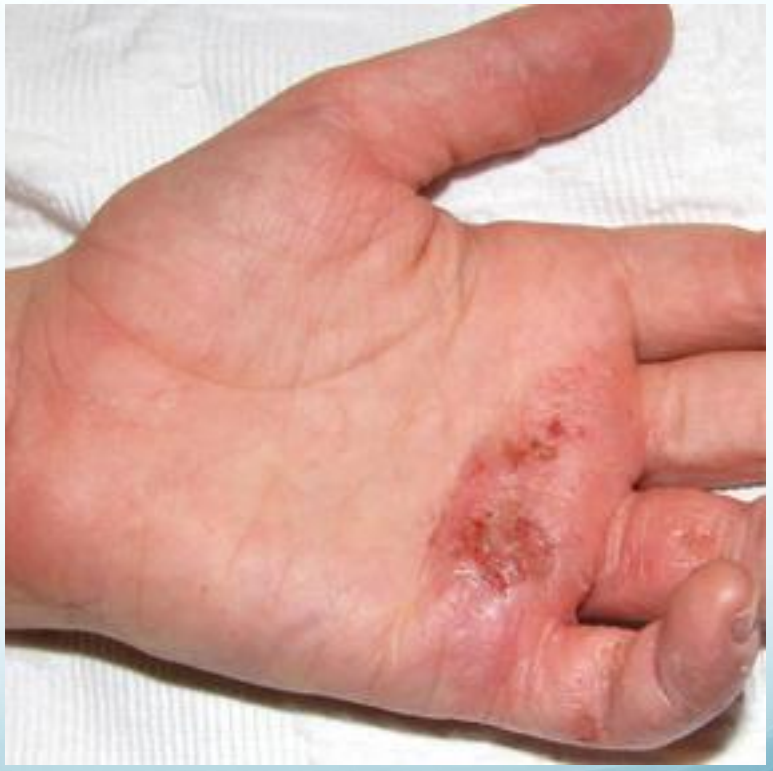




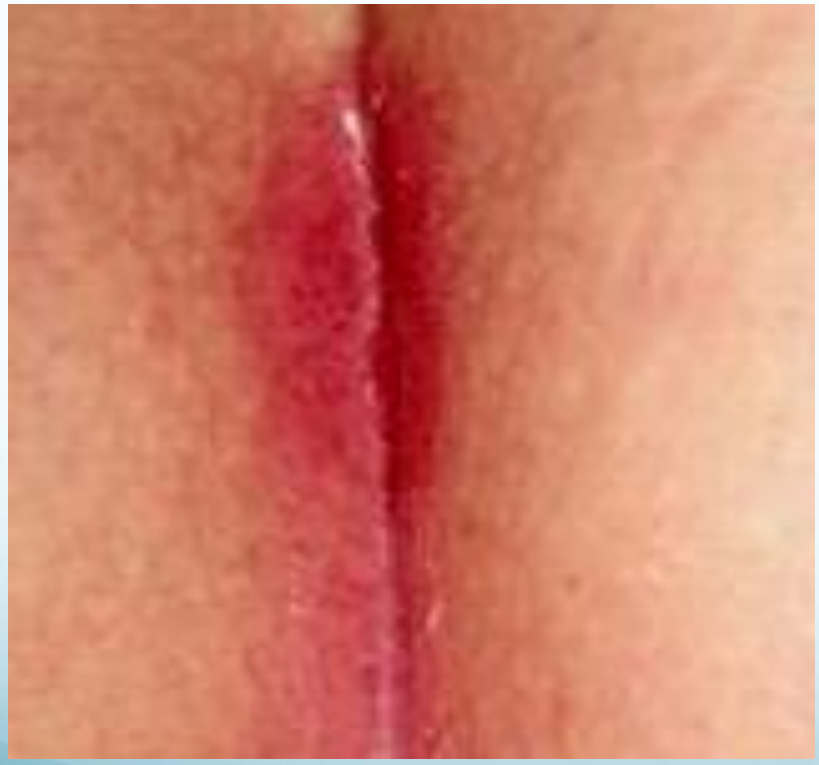


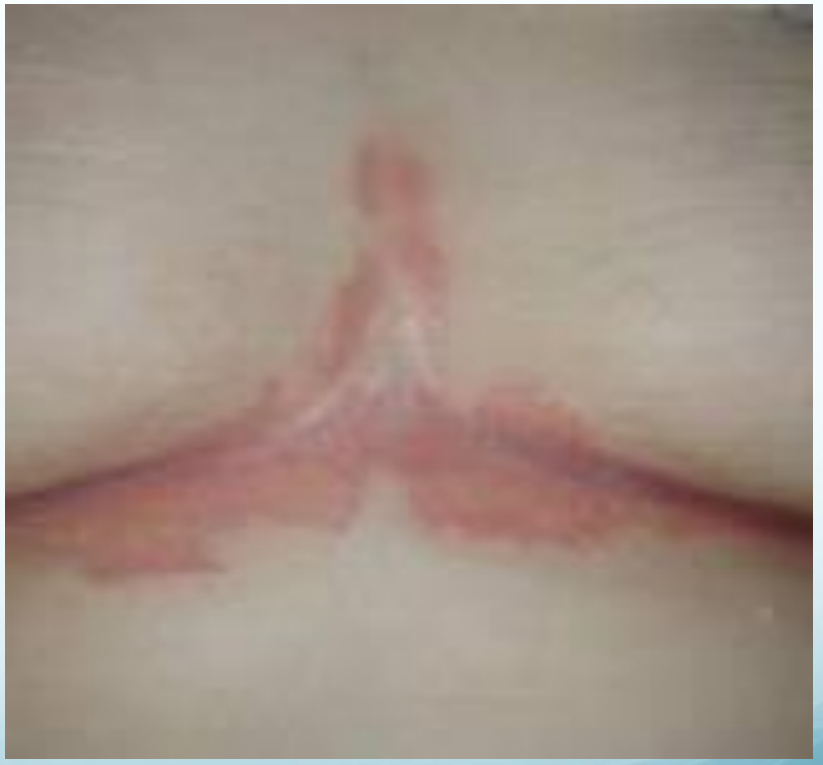


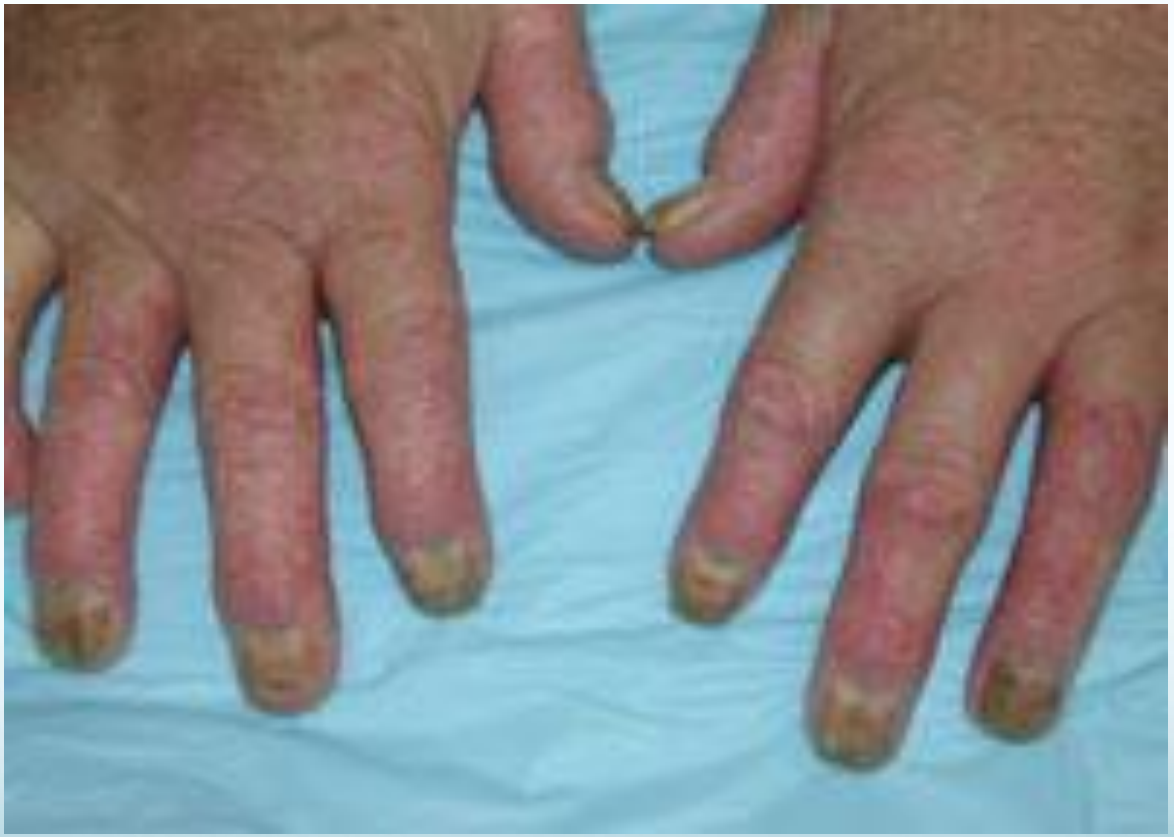




Fleural Psoriasis

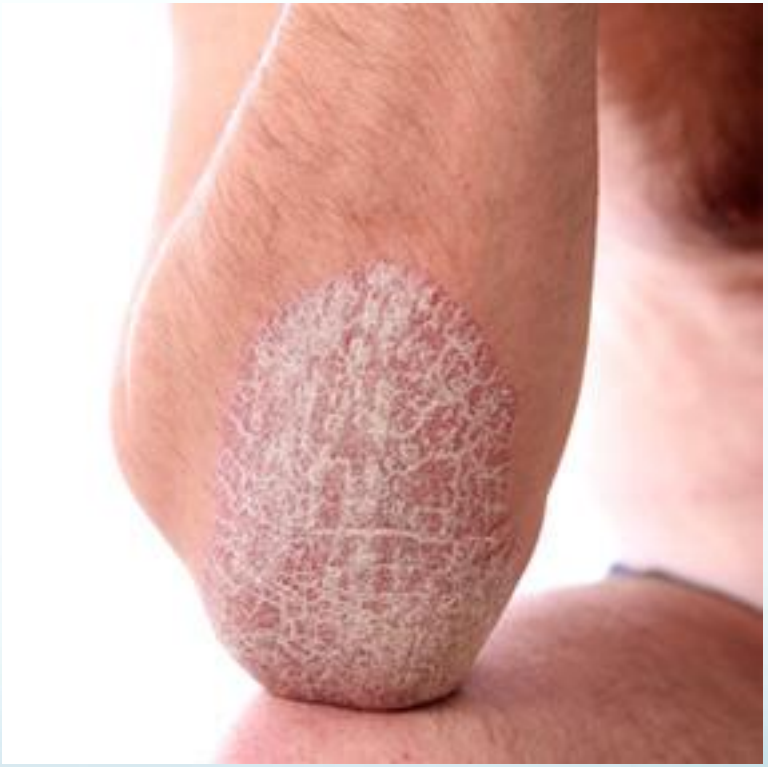






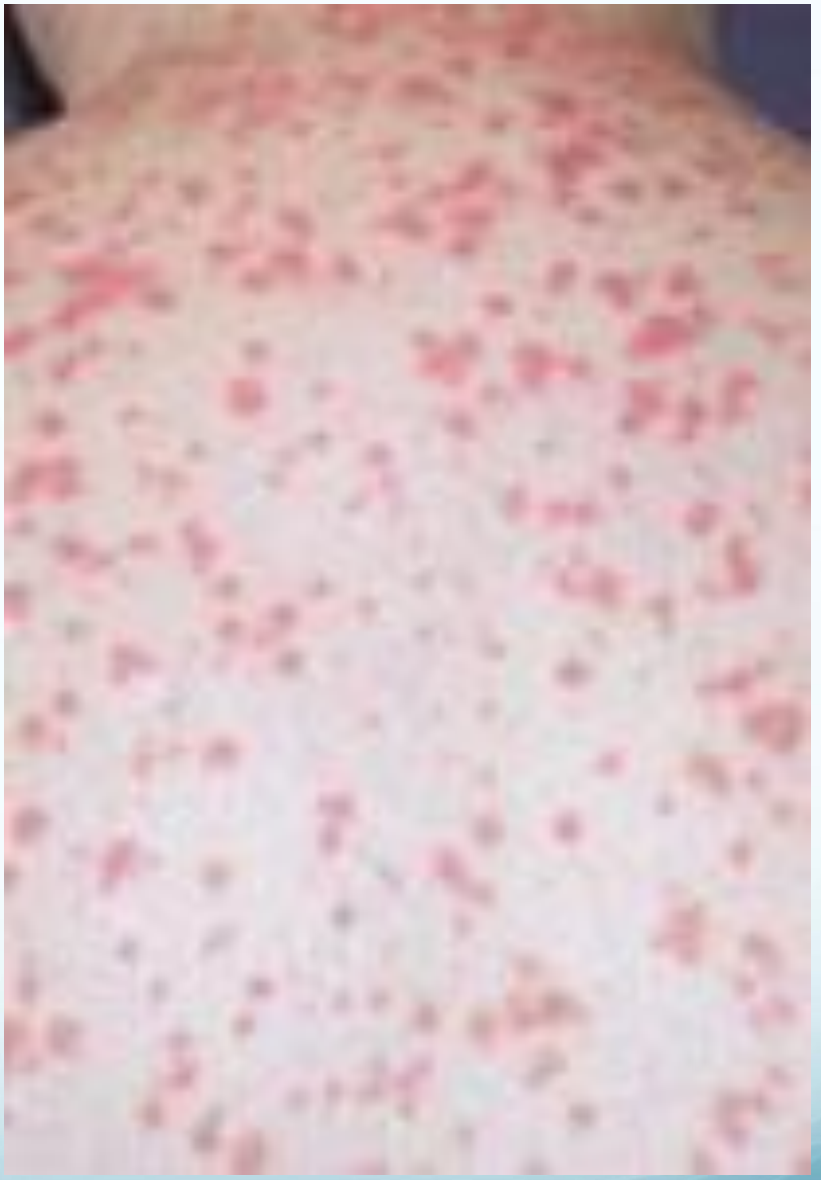
Plaque Psoriasis

- May occur any site
- Often symetrical
- Often extensor surfaces
- Bright red plaques
- Silvery scale



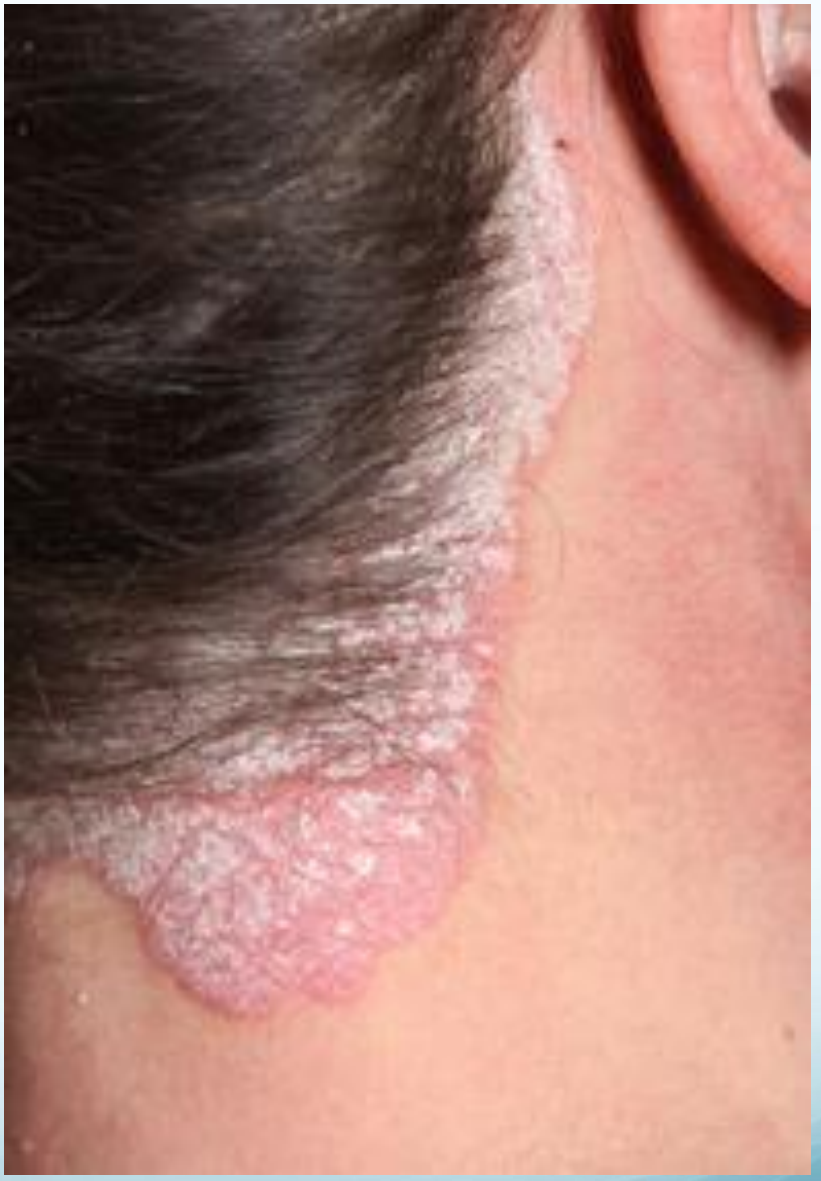
Guttate Psoriasis

- Develops over 1-7days
- Multiple small papules
- ‘Teardrop’ lesions
- Wide area of body
- DD- Pityriasis Rosea, drug eruptions , viral xanthems



Scalp Psoriais

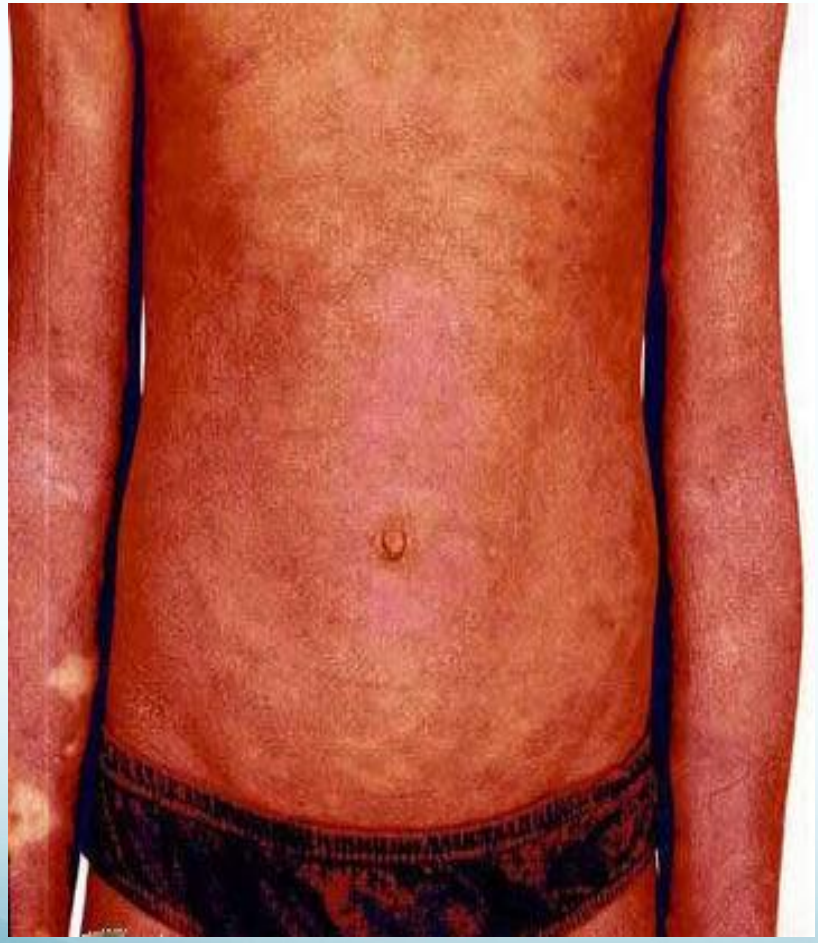
- A type of Chronic plaque psoriais
- 5-% people with psoriais affected
- May occur alone

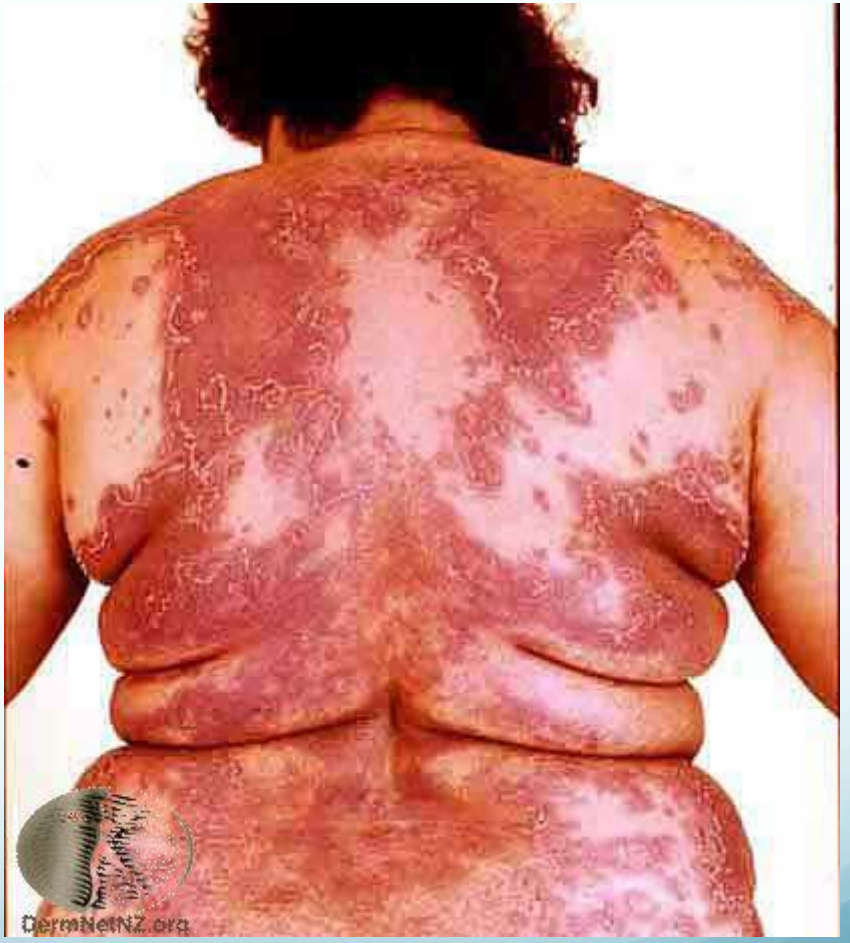


Psoriasis- Emergencies

- Erythrodermic psoriais
  - redness over the whole skin surface,
  - Sheets of skin loss
  - Admit as can have signifivant fluid and protein loss

- Generalised pustular psoriasis
  - Multiple serile non follicular pustules within plaques of psoriasis
  - May occur with fever




DermNetNZ.org

Management of plaque Psoriasis

- Assess severity (Doctor and patient clear, nearly clear, mild-very severe)
- Assess impact on quality of life Dermatology Life Quality index)
- Assess
- Amount of body surface area affected(10% is extensive)
- Review any nail or high impact area involvement –face, genital areas)

Management of plaque psoriasis

- Regular emollients reduce scale and itch
- Short term potent steroid or potent steroid plus calcipitrol 4w (NICE)
- For longer term treatment use itamine D analogue- calcipitrol
- If calcipitrol not tolerated or ineffective consider coal tar, taratozene or short contact dithranol(30mins for few large plaques)
- If not controlled consider referal

Management of plaque psoriasis

- If thick and scaling treat overnight with salicilic acid or emollient/oil preperations
- Short term control with betnovate 0.1% or betametasone plus calcipitrol (scalp application or gel)
- Longer term cocois can be used weekely for an hour before shampooing or capasal can be used daily as a shampoo

Managememnt Flexural Psoriais

- Use moderate Potency steroidseg. Betametasone 0.025%(betnovate RD)
- Avoid potent steroids due to risk steroid atrophy(NICE)
- If ineffective use vitamin D analogues or Tacrolimus

Management guttate psoriasis

- As for plaque psoriasis with topical treatment initially
- Consider early referral for phototherapy for those that fail to respond

Who to refer

- Generalised pustular psoriasis or erythrodermic psoriasis to a dermatologist as an emergency.
- Pts with psoriatic arthritis- Rheumatology
- Sign suggest referal if DLQI over 6/10, after initial treatmant
- Pts for whom phototherapy may be helful- usually extensive plaque or guttate psoriais

Follow up for Psoriais

- Initial review after 4-6 weeks and Annual Review
- Document severity
- Optimise topical therapy
- Screen for depression
- If severe disease assess vascular riskas increased risk of CVD and CKD
- Inform patient increased risk VTE (NICE)

Thankyou

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- www.psoriasis-assciation.org.uk
- Sign 2010 121
- NICE 2012 CG153