

# Psoriasis

Chronic, inflammatory skin disease characterised by keratinocyte hyperproliferation and infiltration of inflammatory cells of unknown cause.

## Suggested approach to psoriasis OSCE station

### Examine:

- Dermatological skin exam
  - Skin
  - Scalp
  - Ears
- Nails
- Hand joints

### Describing lesions:

- Plaques
  - "There are multiple well-demarcated, raised erythematous plaques over the extensor surfaces"
  - "These range in size from 1-6cm"
  - "There is a scaling across the surface of these lesions, but no other secondary features"
  - "These lesions are consistent with chronic plaque type psoriasis"
- Nails
  - "There is also evidence of pitting, subungual hyperkeratosis, onycholysis and Beau lines in the finger nails"
  - "These changes are characteristic psoriatic nail changes"
- Joints
  - "I can also see a symmetrical polyarthropathy of the distal inter-phalangeal joints with active synovitis"
  - "This could be consistent with psoriatic arthritis"

### Differential diagnosis:

- Other types of psoriasis
- Eczema

## Associations

- HLA subtypes
- Post-streptococcal guttate psoriasis
- Medications ( $\beta$ -blockers, anti-malarials, lithium)
- Alcohol
- Stress
- Trauma (Koebner phenomenon)
- HIV

## Types

- Chronic plaque (MOST COMMON)
- Guttate - Raindrop lesions
- Seborrhoeic - Lesions around nose and ears
- Flexural - Flexural surfaces affected
- Pustular - Pustular lesions on palms/soles
- Erythrodermic - >90% of skin affected

## Complications

- Nail changes
  - Pitting
  - Subungual hyperkeratosis
  - Onycholysis
  - Beau lines
- Psoriatic arthropathy
- Erythroderma

## Management

- Avoid precipitants
- Emollients

- Topical treatments
  - Vitamin D analogues
  - Topical corticosteroids
  - Coal tar
  - Dithranol
  - Topical retinoids
- Phototherapy
- Systemic rheumatological drugs (methotrexate, ciclosporin, infliximab)



**Onycholysis**



**Guttate psoriasis**



**Chronic plaque psoriasis**