



Papulosquamous skin diseases. I

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Objective

1. Definition of Papulosquamous skin diseases
2. Psoriasis

Papulosquamous skin diseases



Definition

Papulosquamous diseases are a group of skin diseases characterized by **scaly papules and plaques**.

Papulosquamous skin diseases includes

1. Psoriasis.

2. Lichen Planus.

3. Pityriasis rosea .

Psoriasis



Introduction

Psoriasis is a common, **chronic**, non-infectious, inflammatory skin disease.

The exact causes of psoriasis is still unknown.

Characterized by **well-defined** salmon-pink plaques bearing large adherent **silvery scales**.

Which affects the skin, nails and joints.

Introduction

The **most commonly** affected sites are scalp, elbows, and knees

Causes rapid skin cell reproductions resulting in red, dry patches of thickened skin.

Epidemiology

Psoriasis is a common and affects 2% of general population

Psoriasis can occur appear at any age, from infancy to elderly.

It can affect both sexes equally.

Precipitating factors

Genetic predisposition : Positive family history [HLA CW6] .

Koebner phenomenon : Psoriatic lesions appear at site of trauma.

Infections : **Streptococcal** bacterial infection.

Koebner phenomenon





Figure 39 Koebner phenomenon. Linear psoriasis on the waist from tight clothing

Precipitating factors

Drugs : β - blocker, NSAID, Antimalarial, Lithium, Interferon, ACE inhibitors.

Hypocalcaemia.

HIV infection.

Psychogenic stress.

Climatic factors : Psoriasis improves during summer and worsen during winter.

Clinical features

Characteristics of psoriatic plaque:

Symmetrical distribution in typical sites.

Well- demarcated erythematous scaly plaques.

The scales described as superficial , **silvery- white**.





Figure 9 Sharply demarcated plaque with white scale



Figure 10 Symmetrical red plaques of psoriasis with minimal scaling



A.



B.



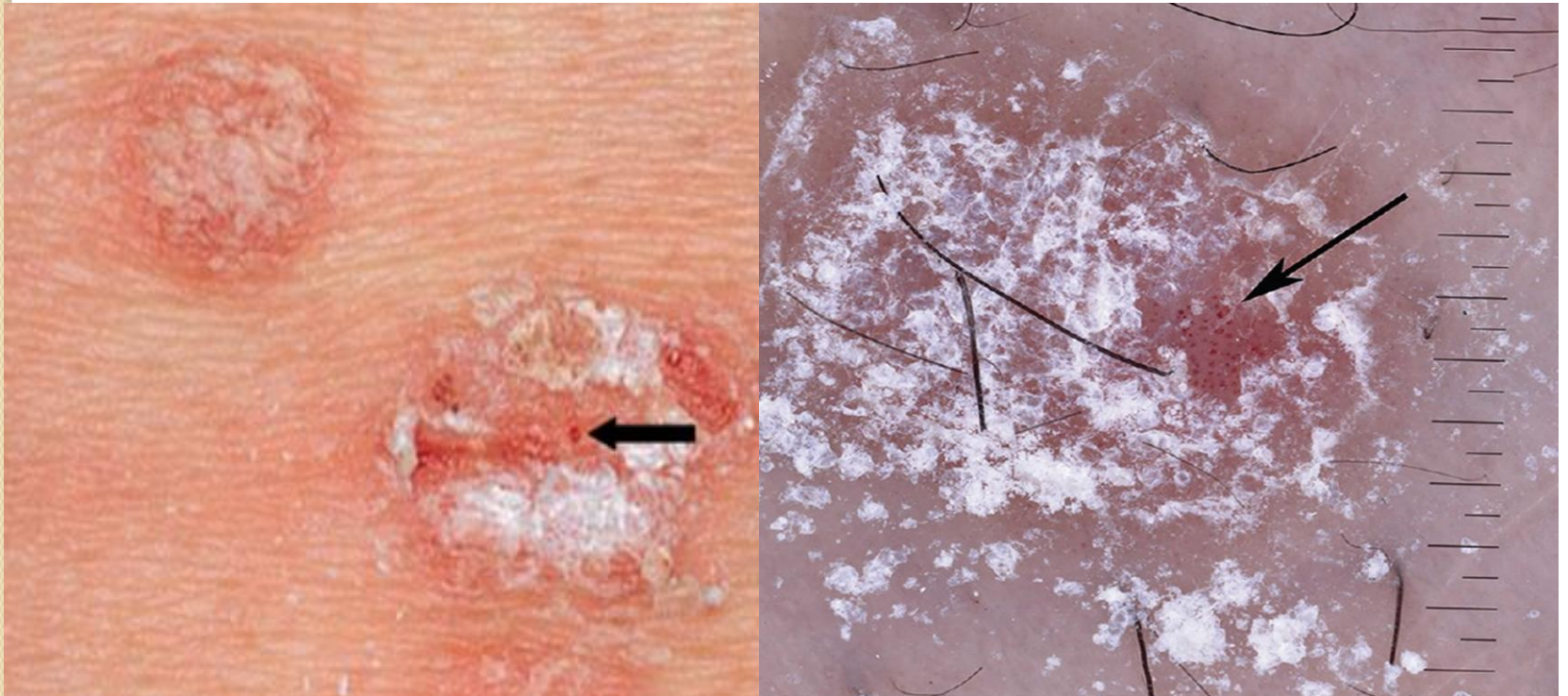
C.



D.

Clinical features

Auspitz sign : Removal of the scales by scarping with glass slide reveals pinpoint bleeding.



Clinical features

Candle wax sign:

Gentle scarping of psoriatic plaque with the a glass slide will reveal loosely adherent easily coming powder like dry white scaly [characteristic of psoriasis].

Clinical types of psoriasis

1. chronic plaque psoriasis [Psoriasis vulgaris]
2. Guttate psoriasis
3. Scalp psoriasis
4. Flexural psoriasis [Psoriasis inverse]
5. Palmoplantar psoriasis
6. Sebopsoriasis
7. Erythrodermic psoriasis
8. Pustular psoriasis

Chronic plaque psoriasis [Psoriasis vulgaris]

It is the **common clinical type** of psoriasis.
The involved sites are knees, elbows and scalp.



Figure 1. Plaque psoriasis on the knees



Guttate psoriasis

Guttate psoriasis commonly seen in children.

Usually preceded by URTI [Streptococcal infections]

Clinically characterized by scaly rain- drop size papules suddenly appear on trunk.

The prognosis of guttate psoriasis is excellent in children.

Guttate psoriasis



Scalp psoriasis

The scalp is one of the most common sites for psoriasis.

Even in severe case of scalp psoriasis, the hair is **not** affected .



Flexural psoriasis [Inverse psoriasis]

Psoriasis localized to **skin folds** and genitals .

Common sites of flexural psoriasis are armpits [Axilla] groin, under breast, umbilicus, genitalia , natal cleft and around anus.

Differs from psoriasis vulgaris, **lack of scales** because the area is moist.

D/D

1. Candidal intertrigo
2. Tinea cruris.
3. Erythema

Flexural psoriasis [Inverse psoriasis]

Under the breasts



Armpits



Buttocks crease



Groin area

Palmoplantar psoriasis

Palms and soles may be involved as part of a generalized eruption, or may be the only site involved.

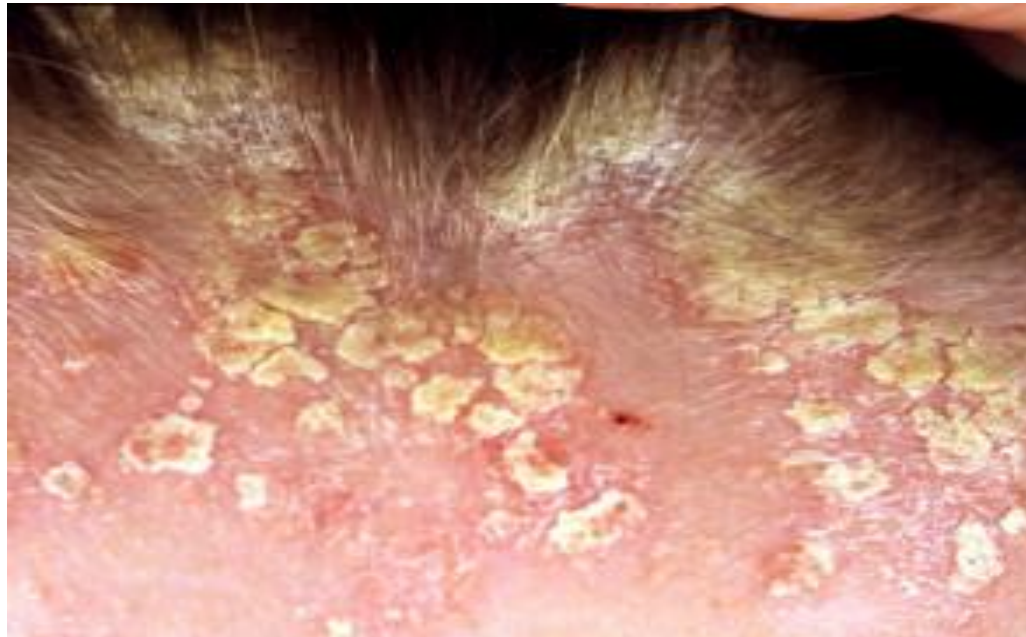


Figure 1. Severe palmar psoriasis (patient 1).

Sebopsoriasis

[Psoriasis of seborrhoeic areas]

Psoriasis of **seborrhoeic areas** [scalp, eyebrow, nasolabial, retroauricular, persternal and interscapular]



Erythrodermic psoriasis [Exfoliative dermatitis]

The term erythroderma is a descriptive term means generalized **erythema with scales** affecting **90%** or more of body surface area.



Pustular psoriasis

1. Localized : palmoplantar
2. Generalized pustular psoriasis; **the most severe form of disease**, the skin shows diffuse erythema with pustulation [**sterile pustules**]. The patient generally, ill, feverish, and toxic.



Extra- cutaneous manifestation

A. Psoriatic arthritis

There are five recognized presentation of psoriatic arthritis

1. Asymmetric oligo-arthritis [the most common pattern]

2. Distal interphalangeal arthritis.

3. Rheumatoid arthritis- like .

4. Arthritis mutilans

[Destructive polyarthritis]

5. Ankylosing spondylitis and sacroilitis.

Psoriatic arthritis



Extra- cutaneous manifestation

B. Nails

Nail pitting [**the most common nail changes**]

Onycholysis

Subungual hyperkeratosis.

Oil spot lesion.

Nail dystrophy .

Nail psoriasis



Pitting



**Subungual
hyperkeratosis**



Onycholysis

Onycholysis is separation of nail plate from nail bed





Oil spot lesion



Nail dystrophy



Diagnosis

Clinical examination

Skin biopsy

Histology

The main changes are

Parakeratosis [nuclei in stratum corneum]

Absence of granular cell layer.

Acanthosis [thickening of malpighian cell layer]

Munro microabscess in epidermis

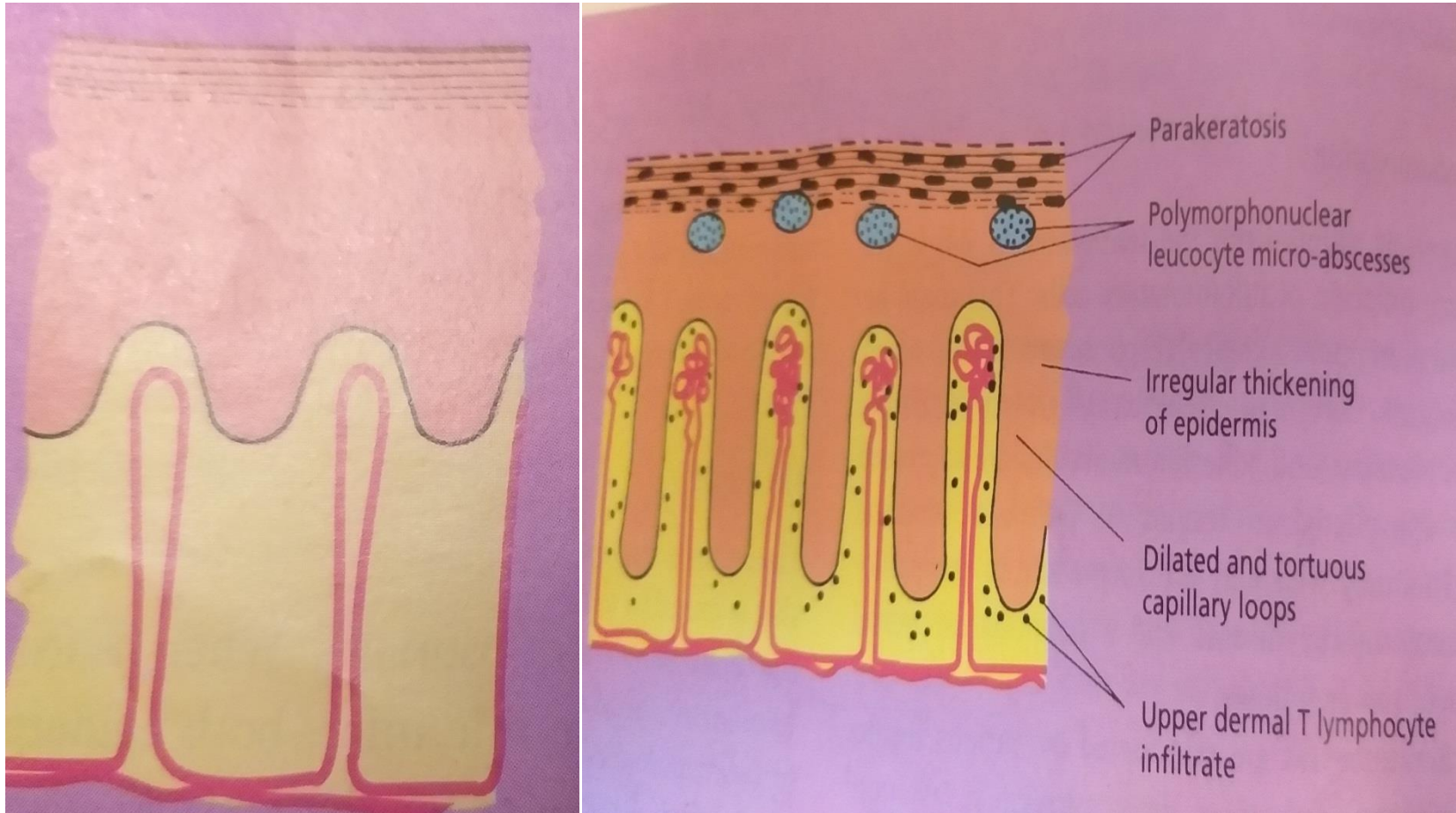
Dilatation of dermal papilla capillaries

Thinning of the dermal papilla

Inflammatory infiltrate in upper dermis

Histology of psoriasis

[right]compared with normal skin [left]



Treatment of psoriasis

I. Topical therapy

Keratolytics

Anthraline

Topical steroids

Vit. D analogues

Treatment of psoriasis

II. Systemic therapy

Indicated for

Extensive psoriasis vulgaris

Erythrodermic psoriasis

Generalized pustular psoriasis

Psoriatic arthritis

Treatment of psoriasis

1. Photochemotherapy [PUVA]
2. Narrowband Ultraviolet B
3. Methotrexate
4. Systemic Retinoid
5. Cyclosporine
6. Biological therapy



Thank
You