

JULY ANSWERS

QUESTIONS

1. What is the diagnosis?
2. What other parts of the body will you examine?
3. What are the aggravating factors for this dermatosis?
4. What are the treatments?
5. He complained that his previous doctor had not cured his dermatosis. How would you advise him?

ANSWERS

1. The clinical diagnosis is psoriasis, chronic plaque type. Psoriasis is a chronic inflammatory scaling disorder of the skin affecting 1–2% of the population in the US. It affects 0.3% of the local population.
2. Psoriasis usually involves areas frequently subjected to friction, such as the elbows, knees, lower back and scalp. Nails may also be involved, with pits, onycholysis, and subungual hyperkeratosis.
3. Psoriasis can be provoked by trauma (Koebner phenomenon), psychological stress, infection (especially *Streptococcus*), drugs (e.g. beta-blockers, lithium, anti-malarials, and withdrawal from systemic steroids), smoking, alcohol consumption, and pregnancy.
4. Encouraging rest, sunshine (but preventing sunburn) and emollients are beneficial for psoriasis. Mild cases can be treated with topical agents such as steroids, vitamin D derivatives, salicylic acid and coal tar. Systemic therapies are more expensive and are associated with more side effects. They should be considered when the involvement is extensive (>20% body surface), when there is palmo-plantar involvement (and thus affects daily activities), and/or in pustular or erythrodermic psoriasis. Systemic therapies include acitretin, methotrexate, cyclosporin, phototherapy and the newer biologic agents. Psoriasis is also linked to metabolic syndrome and is associated with diabetes, coronary artery disease, and an increased risk for myocardial infarction.
5. It is natural and understandable for a patient to ask for a cure. However, a full explanation of the disease should be given to the patient on the disease nature and progress. Treatment aims to achieve clinical improvement but not a cure. By avoiding trigger factors and with proper treatments, the disease can be brought under control. Spontaneous resolution may occur, but only in a few patients.

