

Papulo squamous skin diseases

Psoriasis:

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what is it?
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incidence: 1-3% of the population

1.5% in Iraq

Aetiology:

- Gentic predisposition

 AD with variable penterance 80% + ve F.H
- Biochemical.
- Lmmunological factors.
- Environmental influences.
- Reaction to staph. and strep. Super Ag.
- Stress precipitate the episode.
- Drugs .

Main changes

Histopathology:

How does it present?

- Age of onset.
- M / F.
- Sharply demarcated.
- Salmon pink.
- Oval or rounded.
- Plaque of variable sizes.
- Covered by whitish silvery scales.
- Candle and Ausptiz's signs.

Clinical variants:

- Plaque psoriasis

(psoriasis vulgaris)

- Guttate psoriasis.
- Pustular psoriasis.



- Erythrodermic psoriasis.



- Arthropathic.
- Flexural or inverted.





- PP psoriasis.



- Nail psoriasis.
- Follicular.

Nail changes: 25-50 %

- Pitting (course and irregular).
- Sub ungual hyper keratoses.
- Onychlysis.
- Oil drop.
- Nail deformity.





Hair

Diagnosis:

course and prognosis

Treatment:

If localized to;

- Face and flexures _____ use topical steroid

Calciportial (vit. D3) Divonax

- Intra lesional injection of steroid.

If:

- Generalized involving more than 20%.
 - Pustular.
 - Erythrodermic .

- Arthropathic .
- Resistant palmo planter.

What are the commonly used systemic treatment

-PUVA.

(psoralen + UVL)

Use systemic treatment.

-MTX 0.2- 0.5 mg / kg weekly. Orally or i.m.

Cyclosporine.

-Retnoides.

Etretinate (Tegison) Img/kg.

9 months

Acitretin (Neotegison)

side effects

Systemic steroid

When to be used?

Systemic antibiotics

biologic therapy

inflixmab



























