

Psoriasis

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Startpage - World Psoriasis Day - Mozilla Firefox

http://www.worldpsoriasisday.com/

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Skip to main content

Search:

Welcome to World Psoriasis Day

29-October
World Psoriasis Day

About World Psoriasis Day About psoriasis Activities Member Associations Support WPD Media Newsletter Contact us



Welcome to World Psoriasis Day

World Psoriasis Day is an annual day specially dedicated to people with psoriasis globally. Initiated by patients for patients, World Psoriasis Day is a truly global event that aims to give an international voice to the 125 million people with psoriasis globally.

On October 29th International Federation of Psoriasis Association, IFPA its members associations and support groups perform activities all over the world to raise more awareness about psoriasis and give people with psoriasis a substantial and concentrated day together.



World Psoriasis Day is powered by IFPA

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A Promise for Life



FOR 125 MILLION PEOPLE WITH A HIDDEN DISEASE, HERE'S HOPE.

29-October
World Psoriasis Day

[Learn more about WPD](#)

WPD News

IFPA approach of WHO for Psoriasis recognition

2009-10-29

The IFPA World Psoriasis Day global call to action to urge the World Health Organization (WHO) to recognize psoriasis as a serious disease on a global level has now begun.

[Read the whole article](#)

The Psoriasis Supplement in the Guardian UK, Oct 29, 2009

2009-10-29

The Psoriasis Supplement in the Guardian is published on World Psoriasis Day.

Supporters

ILDS, International League of Dermatological Societies
[Read more](#)

EADV, The European Academy of Dermatology and Venereology
[View online](#)
[Read more](#)

IFPA Member Associations

Australia
[Austria](#)
Belgium

1652

Day 2 / 50

Start

Startpage - World Ps...
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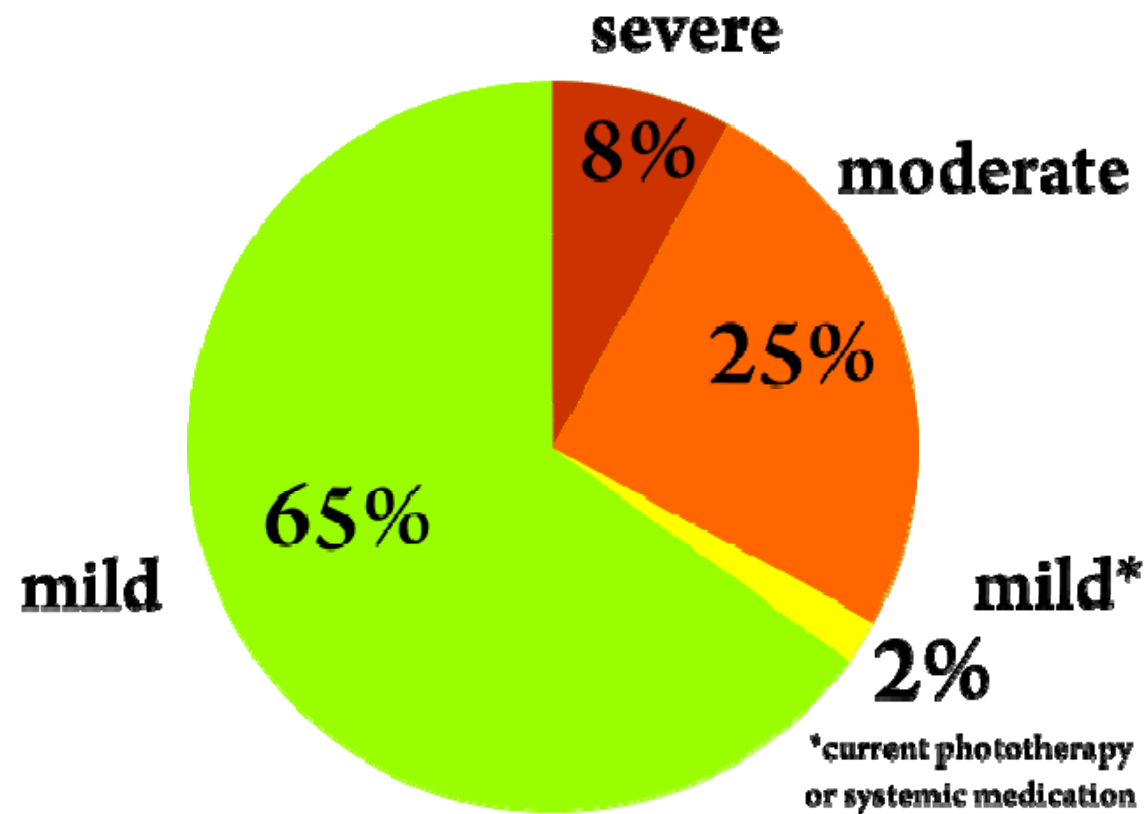
Psoriasis vulgaris

Psoriasis

- 1.5-2% involved of population
- Poligenic inheritance
- No longer observed as simple skin disease
- Genetically coded altered interaction between immune cells and keratinocytes

Severity distribution

Distribution of psoriasis severity



Source: National Psoriasis Foundation (random sample of 278 adults with psoriasis)

Age and inheritance

- Type I. - early onset (75% - 20 yrs. of age)
- Type II. - late onset (25% - 50 yrs. of age)

Poligenic inheritance

HLA-Cw6, B13, B17, Bw57 types commonest

- 1 parent involved - 8% risk
- 2 parents involved - 41% risk

Clinical investigation

- skin
- scalp
- nail
- joints
- pustules?
- mucous membrane

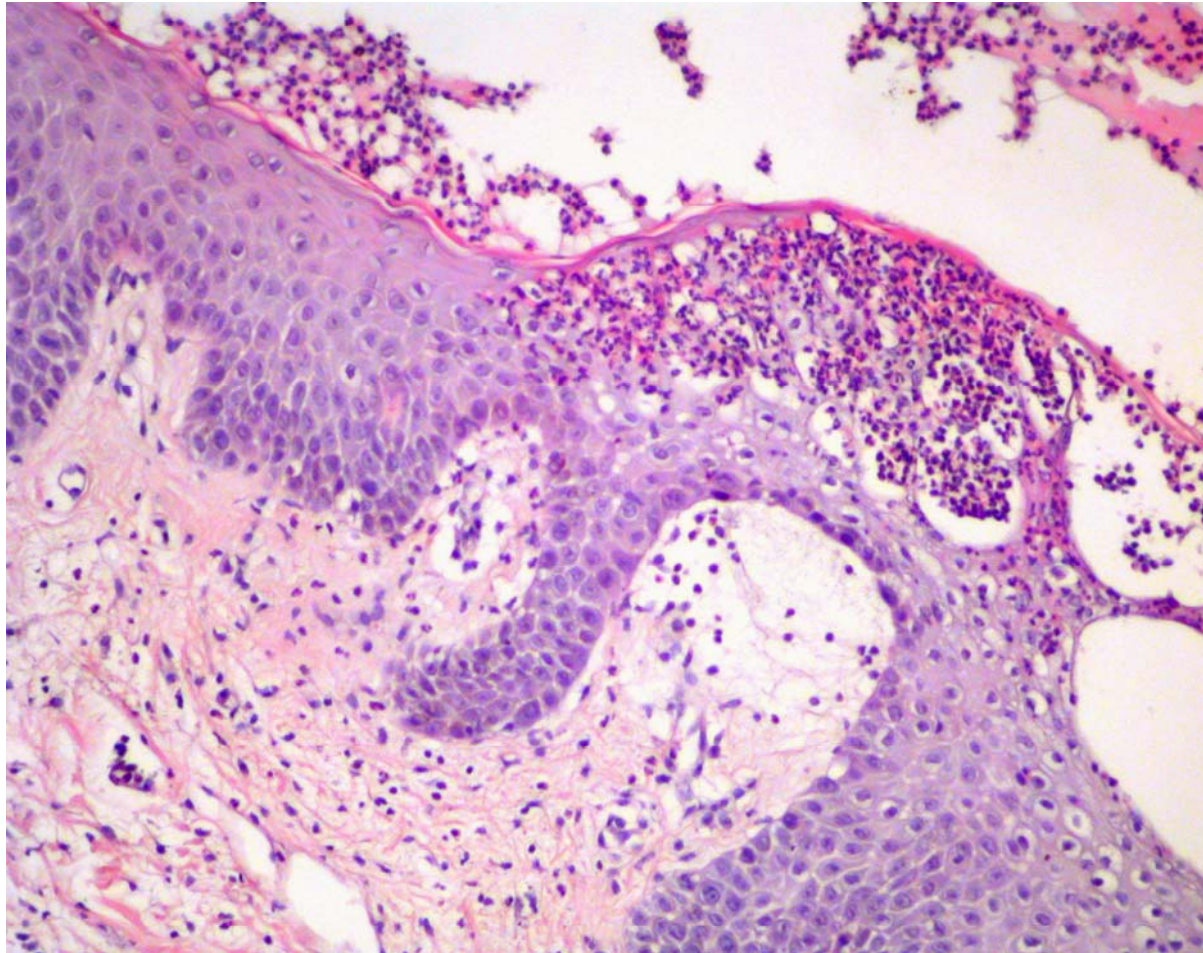
Pathophysiology

- Shortening of cell cycle (from 28 days to 4 days). Enhanced production of keratinocytes- too many cells- acanthosis- epidermal papule
- Th1 cytokine response – from perivascular lymphocytes
- pathologic cytokine reactivity
- Too many KC's – acanthosis – epidermal papule and parakeratotic desquamation

Histopathology

- **Acanthosis-** marked thickening of the epidermis
- **Parakeratosis-** nuclei in the stratum corneum
- **Papillomatosis-** elongation of rete ridges
- **Disappearance of str. granulosum**
- **Munro microabscesses-** (granulocytes in the upper epidermis)

Histology



Auspitz phenomenon

Clinical classification

Non-pustular – common forms

- psoriasis vulgaris (several clinical forms)
- Punctate
- Guttate
- Small plaque
- Large plaque
- Psoriasis universalis
- Hairy scalp ps
- Nail ps
- Inverse ps

Clinical classification

Complicated- non vulgaris forms

1. Pustular psoriasis (PP)

- palmoplantar pustulosis
- Zumbusch type acut generalised PP
- Hallopeau: acrolocalised form (acrodermatitis continua)

2. Erythroderma psoriaticum

3. Arthropathic psoriasis

Clinical types I.

Psoriasis vulgaris

- Punctate
- Guttate
- Small-plaque
- Large-plaque
- Psoriasis universalis
- Psoriasis inversa
- Isolated nail psoriasis

Clinical types II.

- Large plaque – stabile chronic plaque type
- Guttate – acute exsudative
- Inverted form – „koebnerized”
- Palmo-plantar psoriasis
- Isolated nail, hairline, or scalp psoriasis

May progress into:

→ pustular form

→ erythrodermic form

Acute exsudative psoriasis

Complicated forms

1. Pustulosus psoriasis (PP)

- Psoriasis pustulosa palmoplantaris
- Zumbusch type acute generalized PP
- Hallopeau: acral type (acrodermatitis continua)

2. Erythroderma psoriaticum

3. Psoriatic arthropathy

Erythroderma psoriaticum

Triggering factors

- Mechanical trauma (Koebner phen.)
- Infections – focal infection
- Stress
- Medications: lithium, antimalarials, interferon, beta blockers
- HIV

Immunology

- T-cell mediated disease
- T-helper-1 type
- IL-2, IL-12, IFN γ , TNF α
- VEGF

Acute guttate psoriasis

- "salmon color" papules
- Size: 2mm - 1cm
- Parakeratotic scales optional
- Mainly truncal localization
- Spontaneous regression, or may progress into chronic plaque-peylakk psoriasisba
- Differencial diagnosis: drug allergy = toxicoderma, syphilis II., pityriasis rosea, ekzema nummulare

Psoriasis guttata

Chronic plaque-type psoriasis

- Large erythematous plaques with strongly adhering parakeratotic scales
- May involve entire body areas, coalesce without visible borders
- Differential diagnosis: seborrheic dermatosis (scalp), psoriasis-like drug eruption (toxicoderma, tinea corporis, mycosis fungoides)

plaque psoriasis

Inverted psoriasis

- Axillary, submammary, inguinal and genital region – Diabetes?
- Sweaty, humid, warm body sites no parakeratosis!
- Intensely red papules – plaques fissures itching!
- Differential diagnosis: intertrigo candidomycetica, contact dermatitis

Hairline psoriasis

Nail psoriasis

Psoriasis palmoplantaris

- May be isolated or part of others symptoms of psoriasis
- Massive parakeratotic scales, keratolytic therapy challenging
- Painful fissures - may bleed
- Differential diagnosis: chronic hand ekzema, tinea manuum

Psoriasis pustulosa palmoplantaris

Psoriasis pustulosa generalisata- Zumbusch type- fever- malaise

- Hallepeau: acrolocalised form (acrodermatitis continua)



Erythroderma psoriaticum


Arthritis-artropathia psoriatica

- Distal type: seronegative spondyloarthropathia - DIP
- Mutilating type: osseal erosions osteolysis, ankylosis - sacroiliacal, ankylosing spondylitis-
- May associate with erythrodermis or pustular psoriasis
- HLA B27
- Reiter's syndrome separate entity – psoriasis-like symptoms

Arthropathia psoriatica

Psoriasis therapy

Now!
Relief from the
itching and
scaling
that
cause
the...



HEARTBREAK of PSORIASIS

IT'S A HEARTBREAK when you have psoriasis and do nothing about those first signs of itchy patches of scaly skin. Headbreaking, too, when psoriasis leaves your skin rough and sore and when medications fail to bring the relief you need.

New fast-acting formula works 3 ways to relieve these symptoms of PSORIASIS

Guaranteed relief or your money back. Today, for the first time, comes the promise of new relief for millions who suffer the heartbreak of the itching and scaling of psoriasis. It's a new formula called TEGIN®.

Unique triple-action cream

TEGIN is a fast-acting cream that is so safe you need no prescription. It's pleasant, easy to use—no lingering medical smell or stain. And it's extra effective because it works three ways:

1. **Special soothing action** speeds relief of that persistent and tormenting itch.
2. **Special descaling action** works fast to remove embarrassing scales, without harmful skin irritation.
3. **Helps control recurrence** of new scales with continued use on the affected areas.


Dramatic relief reported

Tests prove TEGIN's unique triple-action formula is so effective—brings such pronounced clearing in so many cases—that we make this guarantee: TEGIN will leave your skin clearer, clearer, smoother or we will refund every penny you paid. So why suffer from the itching and scaling that cause the heartbreak of psoriasis? Whenever these symptoms appear, get new TEGIN!

PSORIASIS symptoms—
75 common trouble spots:

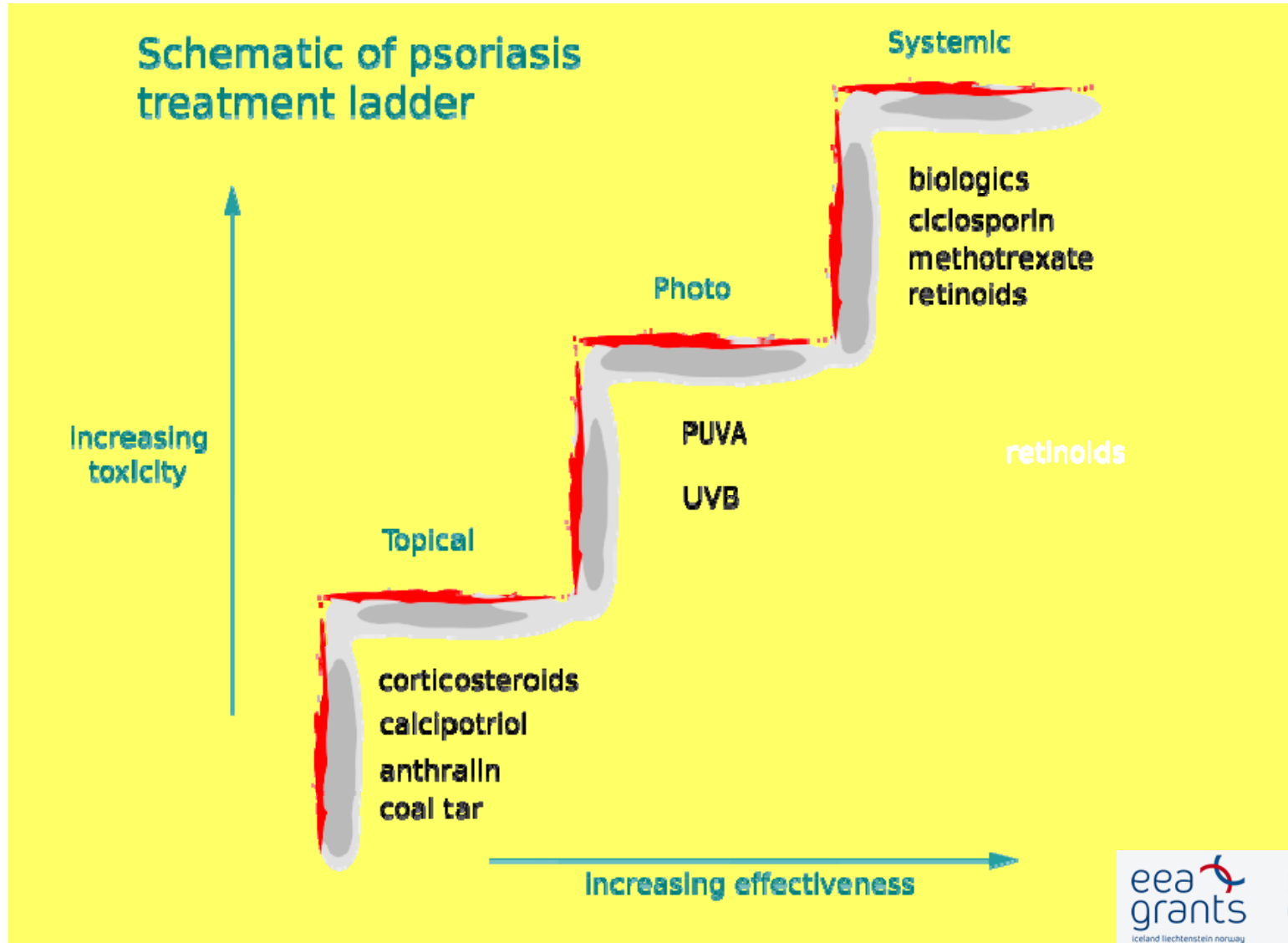
(1) scalp	(26) arms	(51) back
(2) neck	(27) hands	(52) legs
(3) chest	(28) face	(53) feet
(4) shoulders	(29) chest	(54) toes
(5) elbows	(30) back	(55) feet
	(31) feet	

But no matter where itching and scaling of psoriasis may strike, you always bring guaranteed relief.



TEGIN

Therapeutic ladder



Th topical

- Scale removal !
 - 3-5 % salicylic acid
 - 5-10 % carbamid
 - Salt water (Dead Sea)
- Topical steroid
- Tar (pix), dithranol – „minuten” th.
- Topical vitamin D analogues (calcipotriol)
- Topical retinoids
- Topical fumarate

UVA-UVB

- PUVA (8-methoxypsoralen MOP per os + UVA)
- Topical PUVA, PUVA bath
- tar- UVB therapy – Göckerman
- narrow band UVB- 311 nm
- Synchronous balneofototh

Tar

- Complex organic compounds
- Pine, juniper distillation

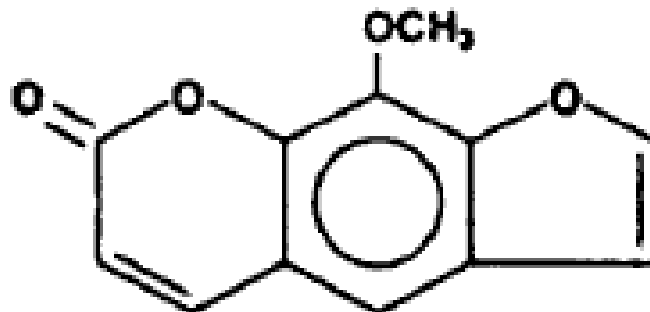
Dithranol (cignolin)

- 1-8- dihydroxyanthranol

PUVA

8-Methoxypsoralen = Methoxsalen
Natural furokumarin salso in plants

After *Psoralea corylifolia*





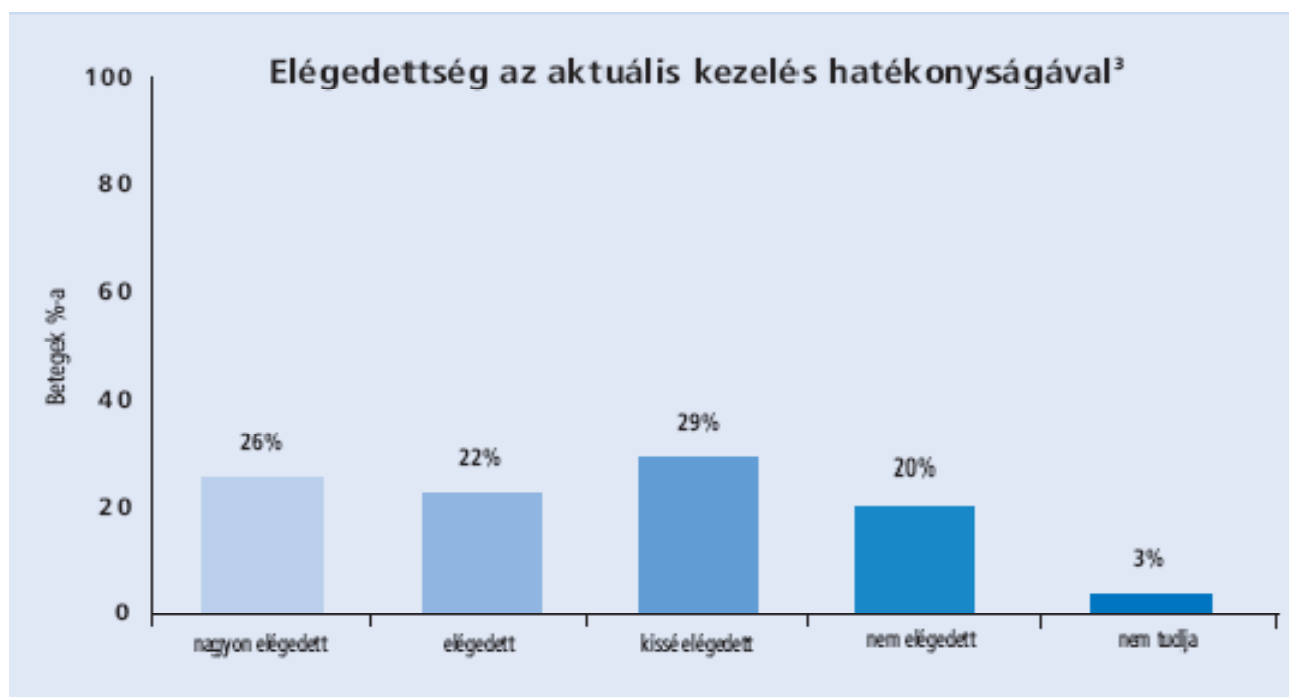
Balneofototerápia



Conventional systemic agents

- Retinoids
 - Limited efficacy
 - Side effects liver toxicity cholesterol level
- Fototh/Fotochemoth.
 - Slow, and apparatus needed
 - Carcinogenicity
- Cyclosporin A - Sandimmun Neoral
 - Quick relapse
 - Nephrotoxicity, RR
- MTX
 - Slow
 - Bone marrow depression, liver toxicity total dose counted

Patient approval



1. Krueger et al. Arch Dermatol 2001; 137:280-284,

