

Psoriasis

[Spec. Dr. Svetlana Djuriscic, dermatologist](#)
[Dermatological clinic DERMATIM, Belgrade - Serbia](#)

Psoriasis is a very common, genetically conditioned disease which is formed by the participation of unknown and various provoking factors - psychological trauma, infection or medication. The hereditary type is not completely clarified, but it is supposed that the person must be phenotypically predisposed.



Around 3 percent of the population suffers from psoriasis and however good therapies exist for this condition, the patients are usually unhappy due to extraordinary esthetic influence on their life. Psoriasis can first occur in any stage of life, from newborns to above 60 years old. Two common peaks are around 30 years of age and above 50 years of age. Men and women equally suffer although in women the disease usually manifests earlier. Psoriasis heredity is from 35% to 90% and is very complex, and if one of the parents has a diagnosed disease, the possibility that a child will inherit it is 15%.

Psoriasis can manifest in only a few changes the size of a coin, with thickened and red skin covered in thick whitish flakes, most commonly on the elbows and knees, the outer sides of the extremities. Also, it can come with a frequent itch but in lesser percent of the patients. Contrary to this description in some people plates appear on entire surfaces of the body, face, scalp, sometimes followed by sterile pustules. Psoriasis can even engulf the entire surface of the body (erythroderma), and then the patient's life is threatened. It is an immunological inflammatory skin process, which is not infective even though it can sometimes be provoked by bacterial hot spots in the organism. Wrists can be inflamed too in 40% of the patients.

There is a huge variation in appearance and dynamics of appearance. When changes occur it is because of rapid cellular division, with a build up of large number of T lymphocytes. The triggers are external factors, usually trauma in a sense of any viral disease, bacterial infections (streptococcal

throat infection), or any emotional stress. In 2 to 6 weeks there are first changes that fit the description of psoriasis. Medications, alcohol and cigarettes provoke the worsening of disease. Sea water and sunbathing have a beneficial influence on this disease. However, sunburns often produce extensive and new changes.

The therapy approach must be different for each patient depending on the shape and diffusion of the illness. Corticosteroid creams, with or without salicylic acid, are often the first therapy line of a mild and localized psoriasis, especially on the curves of extremities and genitals. Applying the medication under nylon significantly increases its effect. Often, corticosteroid creams are combined with creams that contain Vitamin D3 (calcipotriol) or synthetic vitamin A (tazarotene). Long and successfully used tar products are commonly used when above listed substances have less success. In therapy for extensive forms of psoriasis and those followed by arthritis, medications that belong to a group of cytostatics are used (Methotrexate), but they are administered in such small doses that they have an additional immunomodulatory effect – a non-cytostatic one. Isomers of synthetic vitamin A – Acitretins, are recommended in palm and soles psoriasis, followed by pustules. UVA and UVB radiations are very successful in psoriasis treatment, with or without addition of substances that bind the UV rays more intensely – psoralens. In this type of therapy, a positive effect of sun rays on persons who have psoriasis is used. Sea water with a multitude of minerals and the sun (UV rays) result in withdrawal of mild forms of psoriasis. UVA and UVB radiation has immunomodulatory effect on the skin, which reduces the amount of T lymphocytes in the skin. With this effect the psoriatic spots, which incurred from skin cells multiplication and gathering of white blood cells and other harmful factors, are reduced. Considering how the skin immunity is simultaneously reduced to other harmful factors, patients are advised to sunbathe in smaller amounts, and always with a protection factor of 20 or 30. Biological treatment is a new form of therapy that primarily has effect on T lymphocytes. Treatments are extremely expensive and are a choice for patients who have psoriatic arthritis or some other contraindication to the listed types of therapy.

Although there is a wide pallet of ways to treat psoriasis, almost 40% of patients are dissatisfied, usually due to inability to permanently cure the disease, and due to constant use of therapy. It should be noted that any damage to the skin can lead to the creation of new changes.