Contents

1 Papulosquamous disorders

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1.1 Psoriasis

1.1.1 INTRODUCTION

Psoriasis is a common, chronic, and recurrent inflammatory disease characterized by heritability, phenotypic variability, and possible association to psoriatic arthritis and metabolic syndrome. Psoriasis is considered as a hyperproliferative disorder, but this increased proliferation of keratinocytes is the result of a cascade of immunologic reactions driven by inflammatory mediator cells and cytokines.[1–3]

1.1.2 CLINICAL PRESENTATION

Psoriasis is typified by the presence of well-demarcated, scaly erythematous plaques of various sizes, typically covered by adherent silvery scales (Figure 1.1). The most frequent sites of involvement are the scalp, elbows, and knees, followed by lower back, buttocks, nails, umbilical region, trunk, palms, and soles. However, psoriatic lesions might develop on any body site. The severity of manifestations varies from very few small plaques to involvement of the largest part of the skin (erythroderma).[1–3] The main clinical types of psoriasis are the following:

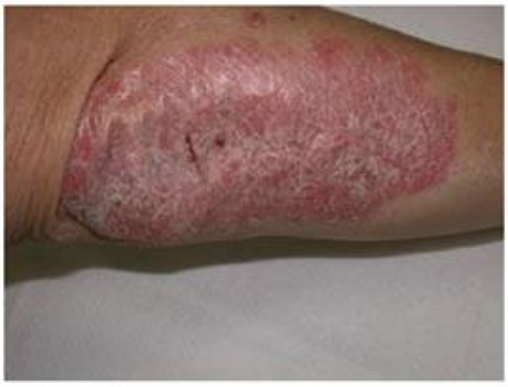

Figure 1.1 The typical psoriatic lesion: demarcated erythematous plaque with stuck-on white-silvery scales.

1.1.2.1 Plaque Psoriasis

Plaque psoriasis, also known as psoriasis vulgaris, is the most frequent clinical variant of the disease, typified by lesions as described earlier. Initially, the psoriatic lesions appear as red scaling papules that grow and coalesce to form round-oval plaques covered by thick silvery scales (Figure 1.2). The intensity of hyperkeratosis depends on the anatomic body site, being heavy on the scalp or palms and soles and absent in intertriginous areas (Figure 1.3). The scales are typically adherent in the center and looser at the periphery. When removed, small bleeding points appear (Auspitz sign). The most frequent anatomic sites of involvement have been mentioned previously. Psoriatic lesions may also develop on sites of physical trauma (Koebner's phenomenon). In general, the disease is asymptomatic. However, pruritus might be present in a considerable proportion of patients.[1–3]

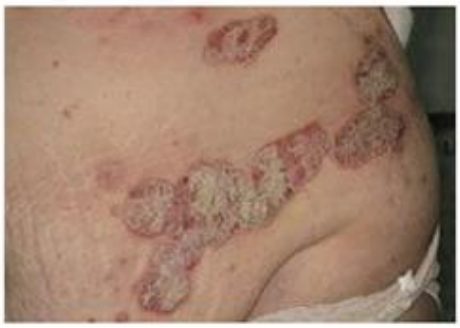

Figure 1.2 Psoriatic lesions often coalesce to form larger plaques.

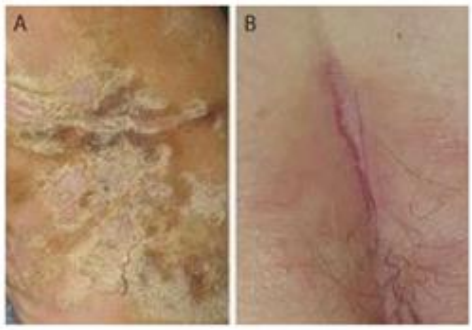

Figure 1.3 Palmar psoriatic lesion characterized by intense hyperkeratosis (A). Psoriatic lesion on the intergluteal fold lacks hyperkeratosis (B).

1.1.2.2 Guttate Psoriasis

Guttate psoriasis is characterized by the acute onset of multiple small, red, scaly papules, often following an acute infection, such as streptococcal pharyngitis (Figure 1.4). Guttate psoriasis might represent the first manifestation of psoriasis or may occur as an acute exacerbation of preexisting plaque psoriasis.[1–3]