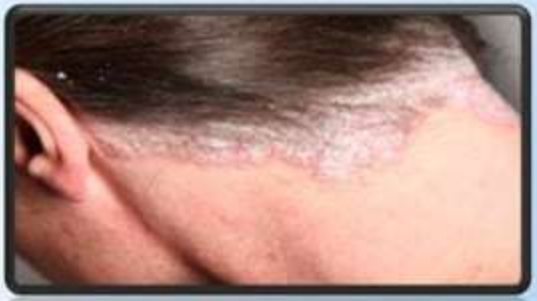
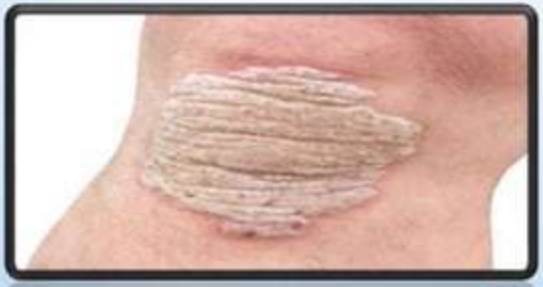


PSORIASIS

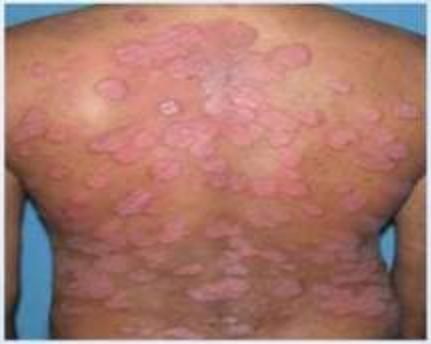


By:
Mr. M. Shivananda Reddy

INTRODUCTION

- The word psoriasis is derive from greek word 'psora' means 'itching'.
- *Psoriasis* is a chronic non-infectious, inflammatory disease of the skin in which epidermal cells are produced at a rate that is about six to nine times faster than normal.

The cells in the basal layer of the skin divide too quickly, and the newly formed cells move so rapidly to the skin surface that they become evident as profuse scales or plaques of epidermal tissue.



The psoriatic epidermal cell may travel from the basal cell layer of the epidermis to the stratum corneum (ie, skin surface) and with in 3 to 4 days, which is in sharp contrast to the normal 26 to 28 days.

ETIOLOGY

- Idiopathic cause

Some of the factors that may trigger psoriasis are:

- Genetic
- Autoimmune reaction
- Infection
- Injury to skin
- Changes in climate

- Medications: Lithium, Antimalarial Medications, Propronalol , Indomethacin
- Stress
- Obesity
- Smoking

Pathophysiology

Etiologic factors

↓

The skin in the patches of psoriasis is growing much faster than normal skin.

↓

Rapid production of cells which does not allow the cells to manufacture a keratin that gives its hard surface

↓

Flaking and patches of skin

CLINICAL MANIFESTATIONS:

- Initially the first sign of psoriasis is often red spots on the body.
- Dry, swollen and inflamed patches
- Patches Covered with silver white flakes
- Raised and thick skin

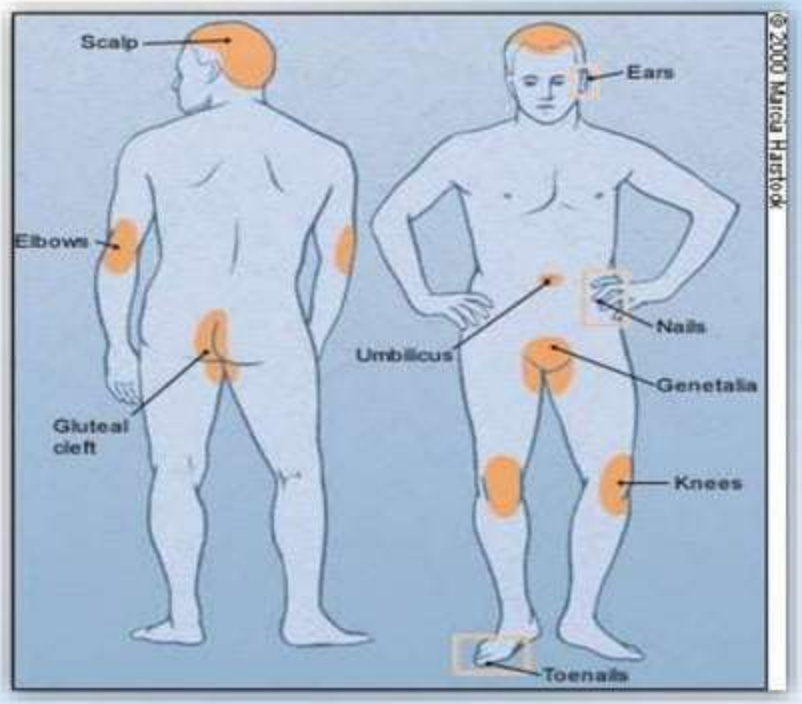
Other symptoms of psoriasis includes :

- Pain, itching and burning sensation

- Restricted joint motion or pain
- Cracked and bleeding skin
- Dandruff on scalp
- Pus filled blisters
- Genital lesions in males.
- Pitting, small depression on the surface of the nail
- Yellow, discolored nail
- Arthritis

- The lesions are most abundant over the scalp, the extensor surface of the elbows and knees, the lower part of the back, and the genitalia.
- Bilateral symmetry is a feature of psoriasis.
- In approximately one fourth to one half of patients, the nails are involved, with pitting, discoloration, crumbling beneath the free edges, and separation of the nail plate.
- When psoriasis occurs on the palms and soles, it can cause pustular lesions called palmar pustular psoriasis.

Most common sites of psoriatic lesions



Diagnostic Investigations

- Collect history
- Physical examinations
- Skin biopsy : under local anesthesia
- Blood and radiography test was done to rule out psoriatic arthritis (ESR, C- Reactive protein)

Management:

The goals of management are:

- To slow the rapid turnover of epidermis
- To promote resolution of the psoriatic lesions
- To control the natural cycles of the disease.

There is no known cure.

- First, avoid any precipitating or aggravating factors .
- An assessment is made of lifestyle, because psoriasis is significantly affected by stress.

The standard treatment modalities includes:

- Topical therapy
- Intralesional therapy
- Systemic therapy
- photochemotherapy

- **1. TOPICAL THERAPY**
- The most important principle of psoriasis treatment is gentle removal of scales.
- This can be accomplished with **baths**.
- Oils (eg, olive oil, mineral oil) or coal tar preparations (eg, Balnetar) can be added to the bath water and a soft brush used to scrub the psoriatic plaques gently.
- After bathing, the application of emollient creams containing alphahydroxy acids (eg, Lac-Hydrin, Penederm) or salicylic acid will continue to soften thick scales.

- Coal tar preparations are photosensitizing agents so patient should be warned not to expose treated skin to the sun.
- Apply tar shampoo and steroid lotion daily for scalp lesions.

Occlusive dressings:

- Use plastic wrap or bags as the occlusive dressing, and use rubber gloves on the client's hands, plastic bag on the feet, and a shower cap on the head if affected.

- *Anthralin preparations* (Anthra-Derm, Dritho-Crème, Lasan): for thick psoriatic plaques resistant to other coal tar or steroid preparations.
- *Topical corticosteroids*: used for short periods because of their side effects

2. INTRALESIONAL THERAPY:

- Injections into highly visible or isolated patches of psoriasis that are resistant.
- **Triamcinolone acetonide** is injected, and care is taken so that normal skin is not injected

3. SYSTEMIC THERAPY

- *Methotrexate* have been used in treating extensive psoriasis that fails to respond to other forms of therapy. It inhibits DNA synthesis in epidermal cells and thus reducing the epidermopoesis.
- Should monitor hepatic, haematopoietic and renal systems.
- Reinforce women of childbearing age that retinoids and methotrexate are teratogenic; women must be using birth control.

- *Oral retinoids* (synthetic derivatives of Vitamin A and its metabolite, Vitamin A acid)
- *Hydroxyurea* (Hydrea). Monitor signs ands symptoms of bone marrow depression.
- Cyclosporine A

3. PHOTOCHEMO THERAPY:

- A treatment for severely debilitating psoriasis is **Psoralen and Ultraviolet A (PUVA) Therapy**, which involves taking a photosensitizing drug (usually 8-methoxypsoralen) in a standard dose with subsequent exposure to long-wave ultraviolet light when peak drug plasma levels are obtained.
- UVB light is also used to treat generalized plaque.

Nursing Diagnosis

- Impaired skin integrity related to lesion and inflammatory response as evidence by itching all over body.
- Disturbed body image related to embarrassment over appearance and self-perception of uncleanliness
- Deficient knowledge about the disease process and treatment
- Risk for infection related to break in the integrity of the skin.
- Acute pain related to inflammation.

Complications

- Infection
- Fluid and electrolyte imbalance
- Low self esteem
- Depression
- Stress
- Metabolic syndrome (increased blood pressure, high blood sugar, excess body fat around the waist, and abnormal cholesterol levels)
- Hypertension
- Joint damage


LIFE IS SHORT.
SMILE WHILE YOU
STILL HAVE TEETH.