

# Psoriasis



Disease

Chronic Plaque Psoriasis

Guttate Psoriasis

Pustular Psoriasis

Erythrodermic Psoriasis

Presentation

Symmetrically distributed, cutaneous plaques.  
  
Erythematous with sharply defined margins.  
  
A thick, silvery scale is usually present.

Abrupt appearance of multiple small, psoriatic papules and plaques.  
  
Papules and plaques are usually <1 cm in diameter.

Yellowish pustules on an erythematous base.  
**Subtypes:** von Zumbusch, annular, exanthemic, impetigo herpetiformis, acrodermatitis continua of Hallopeau, palmoplantar

Uncommon manifestation that may be acute or chronic.  
  
Generalized erythema and scaling involving most or all of the body surface area.

Location

Scalp, extensor elbows, knees, and gluteal cleft.

Trunk and proximal extremities.

Generalized or localized (palms, soles, or extremity digits).

Widespread, involving more than 75 percent of the body surface area.

Comorbidities

Psoriatic arthritis, metabolic syndrome, cardiovascular disease, inflammatory bowel disease, celiac disease, mental health disorders, diabetes mellitus, hypertension, hyperlipidemia, obesity, substance use disorder (including alcohol and smoking), gambling, nephrotoxicity, hepatotoxicity, and non-melanoma skin cancers.

Onset

Bimodal onset (i.e., late teens and late 50s), and early-onset disease is more common.

Typically occurs as an acute eruption in a child or young adult with no history of psoriasis.

Incidence peaks between 40 and 59 years of age.

Average age of onset 48 years old.

# Psoriasis Continued

Disease	Chronic Plaque Psoriasis	Guttate Psoriasis	Pustular Psoriasis	Erythrodermic Psoriasis
Causes	Environmental stimulus inducing T-cell proliferation: psychological stress, medications, and infection, with genetic susceptibility.	Strong association with recent infection (usually streptococcal pharyngitis).	Pregnancy (due to immune dysregulation), infection, and the withdrawal of oral glucocorticoids.	History of psoriasis, medications, infections.
Treatments	<p><b>Mild:</b> Topical corticosteroids (ex. calcipotriene, calcitriol, tazarotene) and emollients + optional UVB phototherapy</p> <p><b>Moderate to severe:</b> Phototherapy or systemic therapies such as retinoids, methotrexate, cyclosporine, apremilast, or biologic immune modifying agents.</p>	<p><b>Mild:</b> Topical corticosteroids, anthralin, vitamin D analogs, topical retinoids, topical calcineurin inhibitors, and salicylic acid</p> <p><b>Moderate to severe:</b> Phototherapy with broadband or narrowband ultraviolet B (UVB) and photo-chemotherapy with ultraviolet A (UVA) following psoralen ingestion or application (PUVA)</p>	<p><b>Mild:</b> Topical corticosteroids and topical bath psoralen + UVA phototherapy</p> <p><b>Moderate to severe:</b> Acitretin, methotrexate, cyclosporine, and various biologic therapies</p>	<p><b>Most common drugs prescribed:</b> Cyclosporine, infliximab, acitretin, and methotrexate</p> <p><b>Supportive measures:</b> Monitoring of body temperature and hemodynamic status, or fluid and electrolytes</p>
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## References

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## Image Citations

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