UNDERSTANDING PSORIASIS

By Heidi K. Anderson, MD

The many scales of Psoriasis. There is no simple definition of Psoriasis, but if you think trying to define it is difficult, try living with the disease. Over 4 million Americans have Psoriasis and a quarter had manifestations of the disease start when they were under the age of 16. Psoriasis is a condition that is genetic, systemic, inflammatory, chronic and influenced by environmental triggers. "Psora" comes from the Greek word meaning "itch." On the skin, a psoriatic plaque is red and scaly while under the microscope, the top layer of the skin is thickened and deeper in the skin, there are inflammatory cells and dilated blood vessels.

Psoriasis can present as: Plaque psoriasis (symmetric on the knees and elbows or possibly, generalized); Scalp Psoriasis; Nail Psoriasis (with pits and thickening or lifting of the nail plate); Guttate Psoriasis (drop like scaly lesions after an infection of the throat or skin); Pustular Psoriasis (white non infectious bumps on the skin); Inverse Psoriasis (smoothe patches in skin folds, like armpits or groin); and Psoriatic Arthrits (potentially destructive joint disease or isolated swelling).

Psoriasis, like a chameleon, can morph into different presentations , but the common denominator is a unregulated immune system whereby inflammatory cells cause skin cells to rapidly replicate, blood vessels to proliferate and white blood cells to migrate to the area.

Triggers of psoriasis are vast. Often you need to have the genetic predisposition to be susceptible to triggers like stress, infections or certain medications. An individual's course with psoriasis is unpredictable and the more damaging impact on the joints occurs in approximately 15% of patients. Our target for treatment is the immune system. We do not know what starts psoriasis or activates the immune system, but once the inflammation occurs we can aim at decreasing the lymphocytes or the stimulatory proteins called cytokines that lymphocytes release.

Historically, topical steroids are first line of therapy. Steroids decrease inflammation and are highly beneficial for small or thin plaques. Other modalities that exfoliate scales or increase moisture can be combined. If Psoriasis progresses, in regards to the amount of body surface are that is affected, the thickness of the plaques and the impact on one's quality of life, we have many avenues for treatment. For years, oral immunosuppressants that have been utilized in transplant patients or arthritic conditions; ie, methotrexate and cyclosporine, have been efficacious in psoriatic patients. As always, the risk and the benefits have to be reviewed and a clear understanding of the side effects must be obtained.

Classically, phototherapy which is using ultraviolet light to decrease lymphocytes in the skin and inflammation has been significant in placing patients with psoriasis into remission. We are cautious not to offer a cure, but hopefully a long phase of clearance can be achieved. UV light can be delivered to large body surface area in a booth or more precisely through an excimer laser that hones narrowband UVB through a handpiece. If psoriasis is relentless, covering a large body surface area or the joints, a treatment modality called "biologics" can be utilized. "Biologics" are an engineered protein that is targeted at lymphocytes or their inflammatory products and decreases their functionality. They are beneficial medications that are reserved for the appropriate patient.

The psychosocial and inflammatory impact of a chronic disease like psoriasis has been underappreciated. Individuals with psoriasis have a higher risk for alcoholism, depression and cardiac disease. Understanding psoriasis means addressing these issues as well as targeting their immune system.

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