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# Pasoriasis Disease.

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**ABSTRACT**:Psoriasis is a common chronic, recurrent, immune mediated disease of the skin and joints, it can have a significant negative impact on the physical, emotional, and, psychosocial wellbeing of affected patients. Psoriasis is found worldwide but the prevalence varies among different ethnic groups .it has a strong genetic component but environmental factors such as infections can play and important role in the presentation of disease. There are several clinical cutaneous manifestations of psoriasis but most commonly disease presents as chronic, symmetrical, erythematous, scaling papules and plaques. Psoriasis is a clinically heterogeneouslifelong skin disease that present in multiple form such as plaque, flexural, guttate pustular, or erythrodermic. An estimated 60 million people have psoriasis worldwide, with 1.52% of the general population affected in the UK. An immune-mediated inflammatory disease psoriasis has a major genetic component its association with psoriatic arthritis and increased rates of cardio metabolic, hepatic and psychological comorbidity requires a holistic and multidisciplinary care approach psoriasis treatments include topical agents ( vitamin D analogues and corticosteroids), phototherapy (narrowband ultraviolet B radiation and psoralea and ultraviolet A radiation standard systemic (methotrexate, cyclosporine and acitrepin.

**KEYWORDS:**Psoriasis, plaque,postural, multimorbidity, biologic.

## I. INTRODUCTION:

Psoriasis is a chronic inflammatory condition that affect 2% of the population. 1) Affected individual present with erythematous, scaly plaques that commonly affect the scalp, trunk, and extensor surfaces of the elbows and knees. Psoriasis has a significant impact on quality of life.2) patients with psoriasis have been found to have and increased risk of comorbidities including cardiovascular disease, obesity, diabetes, hypertension, and dyslipidemia.The use of complementary and alternative medicine has an estimated prevalence of about 51% amongst patients with psoriasis. Interest in alternative therapies for psoriasis stems from the high cost and side effects of topical and systemic treatments. Furthermore, many traditional psoriasis therapies, including phototherapy, are time-consuming. The use of alternative treatments as possible adjuvants to standard psoriasis treatments in achieving long-term control has thus increased its appeal. Psoriasis is an immune-mediated, genetic disease manifesting in the skin or joint or both. A diverse team of clinicians with a range of expertise is often needed to treat the disease. Psoriasis provide many challenges including high prevalence, chronicity, disfiguration, disability, and associated comorbidity. Understanding the role of immune function in psoriasis and the inter play between the innate and adaptive immune system has helped to manage to this complex disease, which affects patients far beyond the skin. In this seminar, we highlight the clinical diversity of psoriasis and associated comorbidity diseases. We describe recent development in psoriasis epidemiology, pathogenesis, and genetics to better understand present trends in psoriasis management. Our key objective is to raise awareness of the complexity of this multifaceted disease, the potential of state-of –the-art therapeutic approaches, and the need for early diagnosis and comprehensive management of patients with psoriasis.

There are several types of psoriasis, including

1) Plaque psoriasis: - The most common form, plaque psoriasis causes dry, raised, red skin patches covered with silvery scales. The plaques might be itchy or tender, and there may be few or many. They usually appear on elbows, knees, lower back and scalp.

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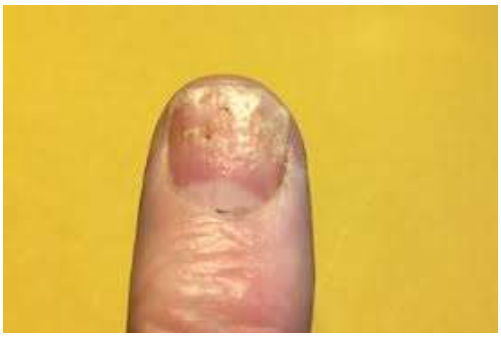
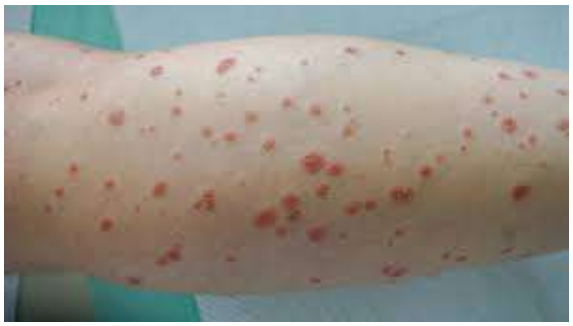
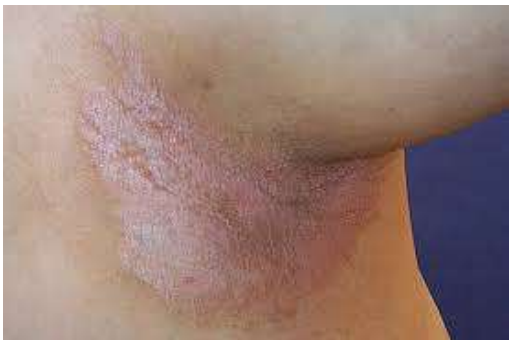
2) Nail psoriasis:- Psoriasis can affect fingernails and toe nails, causing pitting abnormal nails growth and discoloration. Severe cases may causes the nails crumble.



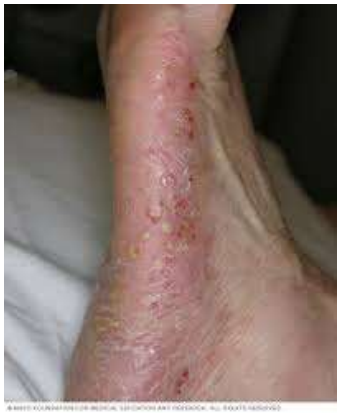
3) Guttate psoriasis: - this type primarily affect young adult and children's. it's usually trigger by a bacterial infection such as strep throat. It's marked by small, drop-shaped, scaling lesions on the trunk, arms or legs.



4) Inverse Psoriasis:- this mainly affects the skin folds of the groin, buttocks and breasts .inverse psoriasis causes smooth patches of red skin that worsen with friction and sweating. Fungal infection may trigger this type of psoriasis.



5) Pustular Psoriasis:- this rare form of psoriasis causes clearly define pus-filled lesions that occur in widespread patches. Or in smaller areas on palms of the hands or the soles of the feet.



6) ErythrodermicPsoriasis: - the least common type of psoriasis, erythrodermic psoriasis can covered your entire body with a red, peeling rash that can itch or burn intensely.

7) Psoriatic arthritis:- psoriatic arthritis cause swollen, painful joints that are typical of arthritis. Sometimes the joints symptoms are the first or only symptom or sign of psoriasis, and at times only nail changes are seen. Symptoms range from mild to severe, and psoriatic arthritis can affect any joint.

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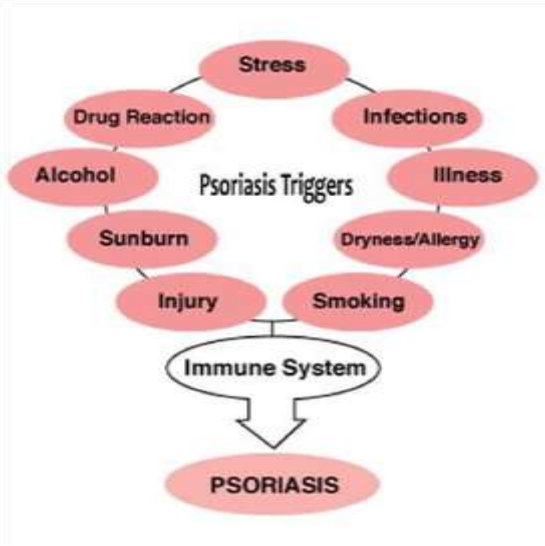
**TRIGGER FACTOR:** infections, such as strep throat or skin infection whether, specially cold, dry, conditions injury to the skin, such as a cut or scrape, bug bite, or a severe sun burn, stress, smoking, and its exposure to second-hand smoke heavy alcohol consumption certain medication-including lithium, high blood pressure medication and anti-malarial drugs rapid with withdrawal of oral or systemic corticosteroids.




**RISK FACTOR:-** anyone can develop psoriasis. About a third of instance begin in the paediatric years. These factors can increase your risk.


**SYMPTOMS:** Rashes or patches of red, inflamed skin, often covered with loose, silver-coloured scales, in severe cases the plaques will grow and merge into one another, covering large areas.
Itchy, painful skin that can crack or bleed.
Small areas of bleeding where the involved skin is scratched. Problems with your finger nails and toe nails, including discolouration and pitting the nails may also begin to crumble or detach from the nails bed. Scaly plaques on the scalp. Dry, cracked skinthat mat bleed. Itching, burning or soreness. Cyclic rashes that flare for a few weeks or months and then subside.

**DIAGNOSIS:** your healthcare provider will ask question about your health and examine your skin, scalp and nails. You healthcare provider then might take a small sample of skin for examination under the microscope. This helps determine the types of psoriasis and rule out other disorder. A diagnosis of psoriasis is usually based on the appearance of the skin. There are no special blood test or diagnostic procedure. Skin biopsy, may be needed to rule out other disorders and to confirm the diagnosis. Skin from a biopsy will show clubbed rete pegs if positive for psoriasis. Another sign of psoriasis is that when the plaque are scraped, one can see pin point bleeding from the skin below.

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**TREATMENT:-**

**1) Topical therapy:**

**a] Corticosteroids:-** these drug are the most frequently prescribe medications for treating mild to moderate psoriasis. They are available as ointments, creams, lotions, gels, foams, sprays, and shampoos. Mild corticosteroids ointments are usually recommended for sensitive areas, such as your face or skin folds, and for treating wide spread patches.

**b] Vitamin D Analogues:** synthetic forms of vitamin D, such as calcipotriene and calcitriol slow skin cell growth. This type of drug may be used alone or with topical corticosteroids. Calcitriol may cause less irritation in sensitive areas. Calcipotriene and calcitriol are usually more expensive than topical corticosteroids.

**c] Retinoid:**it is available as a gel and cream and applied once or twice daily. The most common side effects are skin irritation an increased sensitivity to light. Tazarotena is not recommended when your pregnant or breast-feeding or if you intend become pregnant.

**d] Coal tar:** coal tar reduces scaling, itching and inflammation, it is available over-the-counter or by prescription in various forms, such as shampoo, cream, and oil these products can irritated to skin. They are also messy, stain clothing and bleeding and can have a strong odour. Coal tar treatment is not recommended for women who are pregnant or breast-feeding.

**e] Salicylic acid:**salicylic acid shampoos and scalp solution reduce the scaling of scalp psoriasis. It may be used alone, or to enhance the ability of other medications to mere easily penetrate the skin

**2) Light therapy**

**a] Sunlight:** brief daily exposures to sunlight might improve psoriasis. Before beginning a sunlight regimen, ask your doctor about the safest way to used natural life for psoriasis treatment.

**b] UVB Broadband:** controlled doses of UVB broadband light from an artificial light source can treat single patches, wide spread psoriasis and psoriasis that does not improve with topical treatments. Short-term side effect might include redness, itching and dry skin. Moisturizing regularly can help ease your discomfort

**c] UVB Narrowband:** UVB narrowband light therapy might be more effective than UVB broadband treatment and in many places has replaced broadband therapy. It's usually administrated two or three times a week until the skin improve and then less frequently for maintenance therapy.

**d] Steroids :**if you have few small, persistence psoriasis patches, your doctor might suggest and injection of triamcinolone right into the lesions.

**ALTERNATIVE MEDICINE**.

1) Aloe extract cream.
**2)** Fish oil supplements
**3)** Oregon grape
**4)** Essential oils.

## II. CONCLUSION:

Though many patients utilized complementary and alternative treatment for psoriasis, clinical trials investigating these treatment have yielded inconclusive result. Furthermore, few of the study review need the criteria for randomized, double-blind, placebo-controlled, clinical trials. Among the supplements and herbs discussed, fish oil, vitamin D, inositol, curcumin, indigo naturalis, aloe Vera, capsaicin, and mahonia aquifolium have shown some efficacy in several of the clinical trials covered in this review still, the data do not support routine supplementation of these herbs and supplements to treat psoriasis.

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