

# Psoriasis

Psoriasis is a common, chronic skin disease that often develops in childhood or adolescence. It causes outbreaks of a scaly rash—most commonly raised, red patches covered with scale, which is often silvery. The rash may develop anywhere on the body but is especially common on the scalp, knees, and elbows. The nails may be involved, and some patients may have arthritis. There is no cure for psoriasis, but treatments can help relieve symptoms.

## What is psoriasis?

Psoriasis is a skin disease consisting of outbreaks of skin rash (exacerbations), alternating with episodes of clearing (remissions). It's difficult to predict how often the outbreaks will occur. The disease can affect many different areas of the body; involvement of the nails is fairly common. One form of psoriasis, called "guttate psoriasis," usually follows infections like a sore throat. Some patients develop arthritis.

One third of people with psoriasis develop the disease by age 20. Psoriasis often runs in families, although the exact cause is unknown. Current research suggests that psoriasis is caused by an abnormal immune system reaction. Psoriasis is a chronic (long-lasting) disease with no known cure. However, effective treatments can help keep psoriasis outbreaks under control.

## What does it look like?

- The skin rash consists of red, raised patches, which are often itchy.
- The patches develop a scaly, silvery, or yellow-white appearance. These patches are often called "plaques."
- If the scale is removed (for example, scratched off), areas of pinpoint bleeding may occur.
- The rash may occur anywhere, but common sites include the scalp, knees, elbows, stomach, buttocks, and genital area. Abnormalities of the fingernails and toenails are fairly common. The nails may develop pits and become discolored. The skin underneath the nails may become thickened, or the nails may become loose.
- Outbreaks are followed by periods of clearing. As the psoriasis rash heals, it may leave areas of lighter than normal skin color. This is most noticeable in patients with dark skin. Sometimes psoriasis causes severe outbreaks that are bad enough to require hospital treatment.
- Guttate psoriasis, seen more often in children, consists of small, round or oval patches. The rash occurs most often on the chest, abdomen, back, and upper arms and legs. It

often follows a case of strep throat or other infections with streptococcal bacteria.

- Other patterns are possible, but uncommon. These include having many pustules ("pustular psoriasis") or when involved skin areas become very red ("psoriatic erythroderma").

## What causes psoriasis?

- The exact cause is unknown. Psoriasis seems to be an "immune-mediated" disease—the person's own immune system is causing the problem in the skin. Psoriasis is not contagious.
- Genetic factors seem to play a role, especially when psoriasis develops in children.
- Many factors may increase the risk of psoriasis outbreaks, including minor injuries, dryness of the skin, changes in the weather, or even stress.

## What are some possible complications of psoriasis?

- Arthritis develops in some patients ("psoriatic arthritis"). The arthritis is generally mild but can be severe. Psoriatic arthritis is less common in children.
- Skin infections may occur. This complication is most common in plaques that have become cracked or injured due to scratching.
- Psoriasis is a chronic disease (lasting a long time) that can be embarrassing for children and adults. Psychological difficulties can occur.

## What increases your child's risk of psoriasis?

Girls are affected more often than boys. Whites are affected more often than other racial/ethnic groups.

## How is psoriasis treated?

Unfortunately, there is no cure for psoriasis. However, treatments are available to relieve symptoms, and some practical steps can help keep psoriasis outbreaks under control. Many patients with psoriasis are treated by a *dermatologist* (a doctor specializing in skin diseases), especially if outbreaks are severe or frequent. Treatment options depend on your child's age, the type of psoriasis, and the location and severity of the rash.

*General skin care*—Use moisturizers and other types of skin creams to help reduce dryness and irritation of the skin. Moisturizers also help reduce itching and scratching, which can lead to further skin damage. These products work best if applied right after a shower or bath.

*Medications.* Various medications are used, including the following:

- Topical (applied to the skin) steroid creams or lotions.
- Tar preparations—These topical medications are used less frequently now. They are available as shampoos (for example, T-Gel) or as products to be placed in bath-water or applied directly to the skin.
- Calcipotriene (Dovonex)—A topical medication related to vitamin D.
- Topical retinoids—Drugs related to vitamin A, including tazarotene (Tazorac).
- Calcineurin inhibitors—For example, tacrolimus (Protopic) or pimecrolimus (Elidel). These drugs help by affecting the immune system in the skin.

 Very severe outbreaks of psoriasis can be serious and may require immediate evaluation, sometimes followed by hospital treatment. Get medical help immediately if your child has a psoriasis outbreak covering all or most of the body surface, especially if the rash is very red.

*Psychological issues*—Living with psoriasis can be difficult, causing embarrassment and self-esteem issues. If

psoriasis is having a major impact on your child's emotions or self-esteem, talking to a psychologist or other mental health professional may be helpful.

### **When should I call your office?**

Call your dermatologist or our office if:

- Your child is having severe or frequent outbreaks of psoriasis.
- The skin shows any signs of infection (redness, oozing, or crusting).
- Medication side effects occur.

*If your child has a very severe psoriasis outbreak covering all or most of the body surface, get medical help immediately.* 

### **Where can I get more information?**

The National Psoriasis Foundation: go online at [www.psoriasis.org](http://www.psoriasis.org) or call 800-723-9166.