Psoriasis.

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What is Psoriasis?

- Psoriasis is a chronic inflammatory & hyperplastic skin disease with a strong genetic predisposition and autoimmune pathogenic traits.
- Characterized by erythema & elevated scaly plaques of skin.
- Chronic, relapsing condition.
- Course of disease often unpredictable.

Epidemiology.

- The worldwide prevalence is about 0.3-2.5%.
- It varies according to regions.
- It shows a lower prevalence in Asian and some African populations, and up to 11% in Caucasian and Scandinavian populations.
- Prevalence equal in males & females.
- Estimated incidence is 60/100000/year.

Common trigger factors.

- Infections (e.g. streptococcal, viral).
- Skin local trauma (koebner phenomena).
- Psychological stress.
- Drugs (e.g. lithium, beta blockers).
- Sunburn.
- Metabolic factors (e.g. calcium deficiency).
- Hormonal factors (e.g. pregnancy).

Pathogenesis.(1)

- An immunologic disease.
- Entry of Sensitized population of T cells in skin including CD4+ TH1 cells & CD8+ T cells and its accumulation in epidermis ->
- Secretion of cytokines & Growth factors >
- Induction of keratinocyte hyper proliferation >
- Characteristic psoriatic lesions.

Pathogenesis.(2)

- Koebner Phenomenon (Local trauma) ->
- Induction of local inflammatory response >
- Promotion of development of psoriatic lesion.

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Pathogenesis.(3)

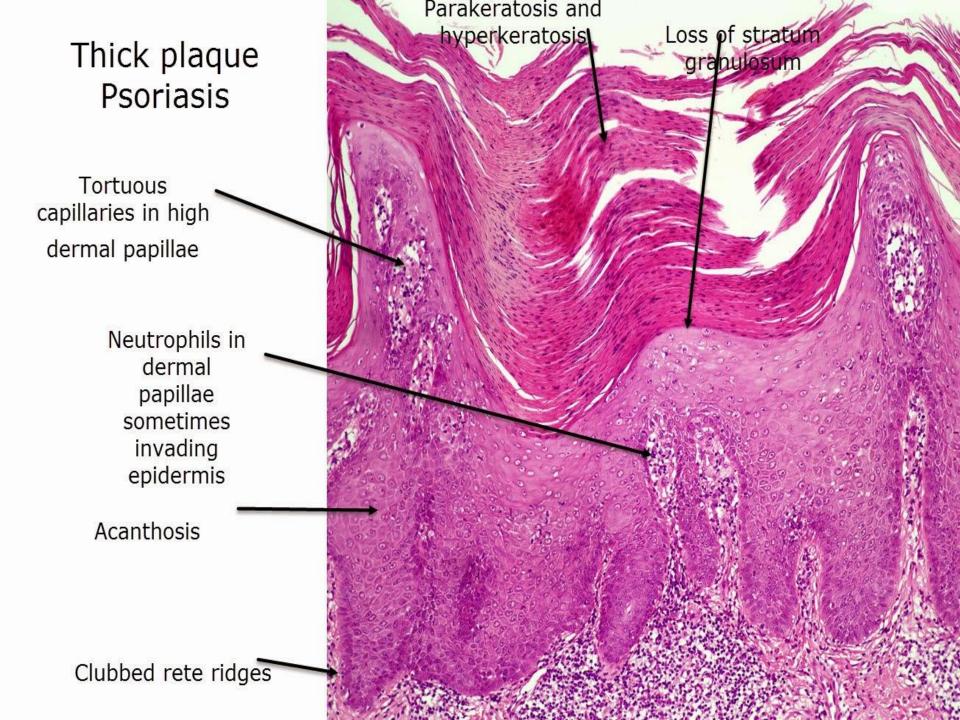
- Various clinically useful agents block:
- 1. T-cell activation & proliferation.
- 2. T-cell trafficking and keratinocyte interaction with T-cells.
- 3. Binding of tumor necrosis factor (TNF) to its receptor → inhibiting T-Cell functions.

Morphology.

- Marked epidermal thickening (Acanthosis) with regular downward elongation of rete ridges.
- Increased epidermal cell turnover & lack of maturation.
- Resulting in loss of stratum granulosum with extensive overlying parakeratotic scale.

Contd...

- Thinning of epidermal cell layer overlying tips of dermal papillae.
- Blood vessels within papillae are dilated & tortuous.
- Vessels bleed easily when scale is removed.
- Neutrophils form small aggregates within spongiotic superficial epidermis & parakeratotic stratum corneum.



Clinical Features of Psoriasis.

- Mostly affects skin of:
- > Elbows.
- >Knees.
- >Scalp.
- > Lumbosacral areas.
- > Intergluteal cleft.
- ➤ Glans penis.
- ➤ Nails.

Contd...

- Most typical lesion is well demarcated pink to salmon colored plaque covered by loosely adherent silver white scale.
- Nails--: yellow brown discoloration, with pitting, thickening, crumbling & separation of nail plate from underlying bed (Onycholysis).

Clinical subtypes of Psoriasis.

- Chronic Plaque.
- Guttate.
- Flexural.
- Erythrodermic.
- Pustular: Localized & Generalized.
- Local forms: Palmoplantar, Scalp, Nail
 (Psoriatic onychodystrophy).

Chronic Plaque Psoriasis.





Guttate Psoriasis.





Flexural Psoriasis.





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Erythrodermic Psoriasis.





Pustular Psoriasis.





Palmoplantar Psoriasis.





Scalp Psoriasis.





Nail Psoriasis.



