



## **Dermatological Society of Malaysia** **Persatuan Dermatologi Malaysia (PDM)**

*KULIT – Living with Psoriasis PDM Campaign 2007*

*(Article 2 – Knowledge – Introduction to Psoriasis/ Types of Psoriasis)*

### **Knowledge vital in management of psoriasis**

*This six-part KULIT article series by the Persatuan Dermatologi Malaysia aims to raise awareness of psoriasis. In this second article, PDM President Dr Allan Yee emphasises the importance of knowledge, and having a basic understanding of the disease.*

Psoriasis (pronounced sore-eye-a-sis) comes from the Greek word psora meaning itch. An alteration in the immune system speeds up the growth cycle of skin cells. Instead of shedding, the cells pile up and form thickened scales on the skin surface. Additionally, inflammation of the skin results in red plaques.

### **Why do I have psoriasis?**

Psoriasis is not contagious. A person with psoriasis did not “catch” it from someone else; nor can he or she spread it to others. This is worth emphasising, because it affects how society interacts with psoriasis sufferers and vice versa.

Psoriasis is inheritable. One or both parents of a sufferer may have the condition, though this is not always the case. It appears, however, that the genetic tendency needs to be triggered off by such things as injury, throat infection, certain drugs, or physical and emotional stress.

### **Forms of psoriasis**

There are five types of psoriasis, and these can occur on any part of the body. Lesions can be localised or extensive.

**Plaque** is the most common form of psoriasis. **Guttate** psoriasis appears as small red spots on the skin. **Inverse** psoriasis occurs in armpits, groin and skin folds. **Erythrodermic** psoriasis appears as intense redness over large areas. **Pustular** psoriasis consists of white blisters surrounded by red skin.

The above list also reflects the frequency reported in Malaysia, with the most frequent being plaque psoriasis. [see pix below]



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### **Frequently affected areas**

Any body surface area can be involved. **Scalp** psoriasis is common and often misdiagnosed as 'dandruff'. It can be very mild (slight, fine scaling) or severe (thick, crusted plaques covering the entire scalp, causing hair loss). Psoriasis often extends beyond the hairline onto the forehead, the back of the neck and around the ears.

**Facial** psoriasis most often affects the eyebrows, the skin between the nose and upper lip, the upper forehead and the hairline. A biopsy may be needed to distinguish psoriasis from other skin diseases.

Acute flares of psoriasis on the **hands and feet** need to be treated promptly as they can be accompanied by cracking, blisters and swelling.

Psoriasis in the **genital** area ranges from small, red spots to large patches, and can be mistaken for 'ringworm'.

**Other areas** include the trunk, lower limbs, upper limbs, outer aspects of the elbows, knees and shins.

### **Psoriatic arthritis**

About 10 to 30 percent of people with psoriasis also develop psoriatic arthritis. This may affect the joints of the fingers and toes, neck, lower back, knees and ankles. Like psoriasis, this form of arthritis can naturally wax and wane. If not treated, psoriatic arthritis can lead to irreversible deterioration of joints.

### **How can knowledge help me?**

Knowledge plays an important role in at least one essential aspect of living with psoriasis: treatment. Options vary depending on factors such as type of psoriasis, affected area, and severity (which can fluctuate, with spontaneous remissions for long periods or even entirely).

Knowing more about psoriasis helps you and your doctor determine the best treatment approach. Generally mild psoriasis is treated with topical treatments. More severe psoriasis requires oral (systemic) treatments or phototherapy or injection treatments with biologics.

There are a variety of topical treatments available. When used properly, creams and ointments applied to the skin can be most effective, with minimal side effects.

Facial psoriasis may respond initially to non-irritating moisturisers and petroleum jelly. General treatment for hands and feet include the use of moisturisers, mild soaps and soap substitutes. Genital psoriasis generally responds well to treatment, but may involve special considerations due to the thinness of the skin there.



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Systemic drug treatments are very effective in controlling moderate to severe psoriasis but many of them are associated with organ toxicity e.g. liver (methotrexate), kidney (cyclosporine), teratogenicity (retinoids).

With greater understanding of the root causes of psoriasis, researchers have looked more closely at addressing psoriasis at the level of the immune system, via a class of systemic medication known as biologics. Biologics dampen or neutralize the effect of certain cells (T-cells) that speeds up the growth cycle of the skin cells. Biologics are expensive but are useful when patients cannot be treated with conventional systemic drugs because of side effects.

Psoriasis affects 2-3 percent of Malaysians. This is the second of a six-part series from PDM's "KULIT – Living with Psoriasis" Campaign 2007. For more on psoriasis, treatment options and KULIT, visit [www.dermatology.org.my](http://www.dermatology.org.my) or email [kulitcampaign@yahoo.com](mailto:kulitcampaign@yahoo.com). This article is a guide to help you better understand psoriasis and psoriatic arthritis. Consult a suitably qualified medical practitioner before acting on any information contained above. KULIT is a community programme sponsored by Wyeth Malaysia.