

Psoriasis

Psoriasis is a recurring skin condition associated with rheumatic disease or autoimmune disorder. Normal skin cells turn over at a certain rate. In psoriasis, the skin turns over 10 times more rapidly causing the epidermis to hyperproliferate or become thicker. There is no cure but the symptoms can be controlled. It often starts in adolescence or young adulthood (16-20 years) or with a smaller peak between the ages of 50 and 60. Caucasians are most often affected. Those at highest risk of the disease are people with a family history of psoriasis (5-10%) and those with HLA antigens in their blood. Living in cold climates or having emotional stress also increases the risk.

Signs and symptoms:

- Red, raised patches of skin with silvery-white scales. If the scales are removed, small pin-point spots of bleeding known as Auspitz's sign appear.
- Skin lesions have a predilection for knees, elbows, scalp, intergluteal cleft (between buttocks), palms of hands, and soles of feet. Psoriasis also has a predilection for sites of trauma. This is called Koebner's phenomenon. This phenomenon is not entirely unique to psoriasis and can occur in other skin disorders.
- Nails may exhibit pinhead-sized pits, peeling, or a red-brown discoloration resembling spots of oil.
- Itching.
- Joint pain (7% of patients).
- Some lesions may be pustular in nature.
- Good news for pregnant women - disease severity often decreases during pregnancy.

Treatment:

- Diagnosis is usually based on the presence of typical skin lesions. A skin biopsy may also be taken.
- Psoriasis is not curable but it is controllable.
- Warm climates help decrease the severity of the disease.
- Keep your skin clean. Avoid breaks in the skin.
- Oatmeal baths help loosen scales; add approximately 1 cup per tub.
- Do NOT pick at lesions or scrub them as this will make them WORSE.
- Keep skin from drying out by using waterless cleansers and moisturizers. There are shampoos that contain coal tar or cortisones.
- If your physician suggests, exposure of lesions to sunlight may help. Similarly, your doctor may prescribe a regimen of exposure to a controlled amount of ultraviolet type A light along with a special medication to increase sensitivity of the skin to ultraviolet radiation. This is called PUVA.
- Coal tar ointments. Ultraviolet B radiation therapy may also be used with this.
- Topical cortisones.
- Antihistamines help decrease itching.
- Pustular psoriasis may need medications such as methotrexate, etretinate, or isotretinoin.
- Antibiotics for secondary bacterial infection.

CALL THE OFFICE IF your psoriasis worsens, pustules appear or if you have new signs or symptoms.

Thanks for choosing Family Footcare of Mid-Michigan, PC

989-775-8500

www.familyfootcare.biz

Connie Lee Bills, D.P.M.