Papulosquamous eruption

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Papulosquamous eruptions

- Scaly papules and plaques

Psoriasis prevalence in Thailand?

1. Acne
2. Dermatitis, eczema
3. Melasma
4. Xerosis cutis
6. Seborrheic keratosis
7. Hypertrophic scar
8. Psoriasis
9. Urticaria
10. Alopecia

Psoriasisiform Lesions

- Most common location of psoriasis: scalp
Psoriasis

- Psoriasis is a chronic multisystem disease with predominantly skin and joint manifestations.
- Systemic diseases: Psoriatic Arthritis (PSA), Metabolic syndrome, CVD, Death
- Thailand prevalence? <1%
- Age of onset: 20-30 and 50-60

Psoriasis: The Basics

- About 30% of patients with psoriasis have a first-degree relative with the disease and PSA.
- Waxes and wanes during a patient’s lifetime, is often modified by treatment initiation and cessation and has few spontaneous remissions.

Scalp psoriasis, most common location

Plaque type = 80% of cases

Guttate; young adult

- Presents with drop lesions, 1-10 mm salmon-pink papules with a fine scale
- Post strep sore throat
- Long term remission?

Acute form; Erythrodermic

- Generalized erythema covering nearly the entire body surface area with varying degrees of scaling
- Associated with fever, chills, and malaise, hospitalization is sometimes required
Acute form pustular psoriasis

- Characterized by psoriatic lesions with pustules.
- Often triggered by corticosteroid withdrawal and contact irritation.
- When generalized, pustular psoriasis can be life-threatening.

Psoriatic arthritis (PSA) dactilitis

DDx: OA, Rheumatoid arthritis

Psoriasis and metabolic syndrome

Psoriasis: Pathogenesis

- Psoriasis is a hyperproliferative state resulting in thick skin and excess scale.
Psoriasis: Pathogenesis

• Skin proliferation is caused by cytokines released by immune cells.
• Important cytokine is TNF alpha, IL17A, IL23

Pre treatment evaluation

• Severity
• BSA
• PASI= Psoriasis Area and Severity Index

Psoriasis management

• Assessment
• Severity
• Acceptance
• Joint
• Metabolic status
• Depression
• Lifestyle modification; diet, exercise, alcohol, cigarette

Pre treatment evaluation

• Severity, type, onset
• Quality of life, DLQI
• Arthritis, dactilitis
• Systemic dz, metabolic syndrome;
• BMI, BP, lipid screening
Treatment for mild psoriasis
PASI/BSA <3

- Emollient can improve psoriasis = 20%
- Topical medication

Ramathibodi cleanser/moisturizers
10-20% urea, cold cream and cream base, mineral oil, gentle shampoo

Topical Rx
Steroid
Tar
Vitamin D
Emollient

2 palms 2 times a day = 30 grams / mo

1 Palm = 1% BSA
2 palms = 2% BSA
2 palms 2 times per day = 1 gram per day

FTU = 0.5 G
Covers 2% BSA
Covers 2 palms

SO... GIVE 30 GRAMS FOR EVERY 2 PALMS OF AREA TO COVER (FOR 1 MONTH Rx)

Treatment for psoriasis >3% BSA

- Emollient
- Topical medication
- Phototherapy
- Systemic Rx: Methotrexate/Cyclosporin A/Acitretin
- Biologic Rx
Seborrhoeic dermatitis (SD)

• Seborrhoeic dermatitis (SD) is a common, chronic, inflammatory disease that affects the scalp, face, and other oily skin areas. It is characterized by greasy, yellowish scales and can be caused by the yeast Malassezia

Seborrhoeic eczema (SD)

• Seborrhoeic eczema (SD) is a condition that affects people with seborrheic diathesis, which is a genetic predisposition to seborrhoeic dermatitis. It is characterized by redness, scaling, and itching on the scalp, eyebrows, and beard area.

conclusion

• Psoriasis is a chronic dermatology problem and more than skin deep; PSA and metabolic syndrome
• Patients and their family education is very important.
• Healthy life style should be encourage.
• Biologic drugs is a new way of treatment.
SD arises in more extensive and refractory patterns in up to 83% of HIV-seropositive and AIDS patients.

Pityriasis rosea (PR)

- is a common, benign, usually asymptomatic, distinctive, self-limited skin eruption of unknown etiology.
- Age 10-35 yr
- typically lasting 5 to 8 weeks.
- There is some evidence that human herpesvirus 6 (HHV-6/7) may be involved.

Classically begins as an isolated 3- to 5-cm oval plaque on the trunk with a collarette of fine scale just inside the periphery, which plaque is called a herald patch.
- This is followed by a secondary eruption of similar appearing but smaller lesions on the trunk and proximal extremities, usually with their long axis along the lines of cleavage.
- Christmas tree pattern

A fine, wrinkled, tissue-like scale remains attached within the border of the plaque, giving the characteristic ring of scale, called collarette scale.
- Lesions are typically concentrated in the lower abdominal area.

Pityriasis rosea

DDX

- Secondary syphilitic; hands and feet rash
- Tinea corporis; scaling
- Guttate psoriasis
Rx; reassure and explain to the patient

- Topical steroid, antihistamine
- Sun exposure/NBUVB
- Oral acyclovir
- Oral erythromycin?
- Oral prednisolone?

Lichen planus

- “the four Ps”—(1) purple, (2) polygonal, (3) pruritic, and (4) papules
- Flat-topped, polygonal, sharply defined papules of violaceous color, grouped and confluent.
- The surface is shiny and reveals fine white lines (Wickham striae).

Lichen planus

- A unique inflammatory cutaneous and mucous membrane reaction pattern of unknown etiology.
- Extremely pruritic
- The disorder occurs most commonly in adulthood; 30-60 yrs
- The main eruption clears within 1 year in 68% of patients, but 49% of eruptions recur.

Mucosal Lichen Planus

- Oral involvement occurs in approximately 60% to 70% of patients with lichen planus and may be the only manifestation in 20% to 30% of patients

Mucosal Lichen Planus

A. reticular form, the most common and often asymptomatic
B. erosive with erosion on the gingiva

Oral lichenoid tissue reaction

- Reticulate oral lichenoid eruption with typical lace-like, reticulated pattern concentrated along the lower buccal mucosa and in close approximation to the underlying dental amalgam
- Patch tests frequently show positive reactions to mercury, gold, and other metals.
Agents Inducing Lichen Planus and Lichenoid Drug Eruptions

- β-Blockers
- Gold salt
- Antimalarials
- Diuretics (thiazides, furosemide, spironolactone)
- Penicillamine
- Immune checkpoint drugs

Diseases Commonly Associated with Lichen Planus
- Hepatitis C virus
- Autoimmune chronic active hepatitis
- Primary biliary cirrhosis
- Post viral chronic, active hepatitis

- Dyslipidemia Metabolic syndrome
- Hypothyroidism, Lichen sclerosus et atrophicans, Systemic lupus erythematosus, Sjögren disease, Dermatomyositis, Vitiligo, Alopecia areata

Lichen planopilaris (follicular lichen planus)

- Female predominance.
- 1 Lichen planopilaris,
- 2 Frontal fibrosing alopecia,
- 3 GLPLS. (Graham-Little-Piccardi-Lasseur Syndrome)

Dermoscopy

Australian Diploma of Dermoscopy

Fitzpatric Dermatology, 9th ed, pp533
GLPLS. (Graham-Little-Piccardi-Lasseur Syndrome)

- triad of
  - multifocal cicatricial alopecia of the scalp;
  - noncicatricial alopecia of the axilla and groin
  - follicular lichen planus eruption on the body, scalp, or both.

Lichen Planus of the Nails

- 10% to 15% of lichen planus patients.
- is followed by the development of more typical cutaneous or mucosal lesions of lichen planus.
- Nail involvement in children with lichen planus is rare and affects approximately 5%.
- There are three major forms of nail lichen planus:
  - classic nail lichen planus
  - 20-nail dystrophy
  - idiopathic atrophy of the nails

classic nail lichen planus

- longitudinal ridging and splitting of all nails (onychorrhexis) with distal splitting (onychoschizia).
- the third finger shows dorsal pterygium at the lateral aspect of the nail bed with loss of the nail (anonychia).

20-nail dystrophy

- longitudinal ridging of all nails (trachyonychia) and atrophic nails

Fitzpatric Dermatology, 9th ed, pp536

investigation

- Histology
- The characteristic findings of lichen planus with compact orthohyperkeratosis, wedge shaped hypergranulosis, sawtoothed rete ridges, and a lichenoid infiltrate

Fitzpatric Dermatology, 9th ed, pp541

Treatment

- Skin
- Mucosal
- Nail
- Hair

- Topical corticosteroid, calcineurin inhibitor
- Systemic corticosteroid, other steroid sparing
- Oral 5 a-reductase inhibitors, such as finasteride (2 mg to 5 mg/day dose for 12–18 months) or dutasteride (0.5 mg every 1 to 7 days) for 12 months) for hair problem
Pityriasis rubra pilaris (PRP)

- A rare inflammatory papulosquamous dermatosis, often self-limiting within a few years.
- The disease is subclassified into 6 types, including both hereditary and acquired forms.

Papulosquamous eruptions

- Psoriasis
- Seborrheic dermatitis
- Pityriasis rosea
- Lichen planus
- Pityriasis rubra pilaris
- Lichen sclerosus
- Pityriasis lichenoides
- Parapsoriasis
- Grover disease, etc

Thank you