



Psoriasis

What is psoriasis and why does it occur?

- Psoriasis is a common skin problem affecting one to two percent of the population. Although more commonly seen in adults, it can also occur in children and teenagers.
- Both genetic and environmental factors contribute to the development of psoriasis. Many patients have a family history of psoriasis. Environmental triggers include certain medications, infections (eg. streptococcal) and skin trauma. Flares of psoriasis have been linked to physical and emotional stress.
- Most cases of psoriasis are mild and localised. Rarely, some patients may have severe and extensive disease.
- Psoriasis usually follows a chronic course, that waxes and wanes. To date, there is no known cure for psoriasis.

How does psoriasis present?

- Psoriasis presents as single, few or many, well-demarcated, pink-to-red patches covered by gray or silvery-white scales. Lesions in moist areas (eg. groin) may not have scales. Scratching or removal of scales may lead to fine bleeding points.



- Commonly involved sites include scalp, hairline, elbows, knees, umbilicus, lower back and genital regions.
- Skin trauma can induce psoriasis lesions to form, in a patient with underlying psoriasis (Koebner phenomenon).
- Nail involvement is common. Pitting, discoloration, onycholysis (separation of nail from nail bed) and thickening of several nails may be seen. This may be mistaken for fungal infection.
- Joint involvement (psoriatic arthritis) can occur in some psoriasis patients. However, it is uncommon in childhood psoriasis.
- The risk of obesity, high blood pressure, diabetes and hyperlipidaemia has recently been shown to be increased in patients with psoriasis, especially in adults.

How is psoriasis treated?

- Skin trauma and friction should be minimised. Skin should be well moisturised with regular emollients. This should be applied on the whole body.
- Topical treatments include topical steroids, calcineurin inhibitors (Protopic, Elidel), vitamin-D analogues (eg. Daivonex, Silkis), salicylic acid and tar preparations. These treatments are to be applied only on affected areas of skin.
- Ultraviolet light (narrowband UVB or PUVA) may be used for more extensive disease or lesions that do not respond well to topical treatments. Treatments are performed two to three times weekly in the clinic.
- Systemic treatments are reserved for patients with severe psoriasis or those with pustular forms of the disease. Medications include methotrexate, acitretin and ciclosporin. These medications have both short and long-term side effects, requiring regular blood testing in the clinic.

- Biologic medications are used if traditional therapies are unsuccessful or patients have developed severe side effects. Use of these agents requires careful discussion with you/ your child's dermatologist.

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