

## Scaly, Red Plaques

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A 45-year-old male presents with asymptomatic, erythematous, scaly plaques on his arms and legs, which have been present for several years. He has tried 1% hydrocortisone as suggested by his pharmacist without any benefit.

### What is your diagnosis?

Psoriasis is a chronic, inflammatory skin disease with typical well-circumscribed, erythematous and scaly, round plaques affecting the:

- scalp,
- nails and
- extensor surfaces of the body.

There is abnormal epidermal differentiation and hyperproliferation with an underlying immune basis. It often waxes and wanes and has a strong genetic basis. The main forms of psoriasis include:

- plaque (80%),
- guttate (“drop-like;” usually after strep throat),
- inverse (affecting intertriginous areas),
- pustular and
- erythrodermic (generalized erythema).

Psoriasis can occasionally change from one form to another, with pustular and erythrodermic psoriasis being the most severe presentations requiring aggressive therapy.

Approximately 20% to 30% of patients will develop psoriatic arthritis, typically several years after skin disease onset. The two age peaks for psoriasis are 16- to 22-years-old and



Figure 1. Asymptomatic, erythematous, scaly plaques.

57- to 62-years-old. Individuals with a positive family history often have earlier age of onset.

Treatment options for mild, localized skin disease include topical steroids, topical calcipotriene and topical calcineurin inhibitors (for face or intertriginous involvement). Tar and salicylic acid preparations can also be beneficial and occasionally topical retinoids are used. For moderate-severe disease, generalized disease or topical treatment failures, options include phototherapy (UVB, PUVA), methotrexate, acitretin, cyclosporine, or the new biologic therapies. Psoriatic arthritis is managed typically with methotrexate and/or biologic agents.

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