

A Non-Itchy Rash

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This gentleman presented with this non-itchy rash which he had for a few years. He is unhappy about the way it looks and was wondering if there was any available treatment for it.

What is your diagnosis?

Psoriasis is usually asymptomatic, although some patients can have pruritus that is sometimes severe. It usually begins by 10-years-of-age, although patients may present any time later. The cardinal features of psoriasis are sharply circumscribed, thick plaques of erythematous skin covered with silvery scales. Nail involvement is common and can be the key to diagnosis. Look for pitting and nail plate dystrophy. Plaques usually affect extensor elbows, knees, scalp, lower back, sacral area and scalp. Demarcation between normal and psoriatic skin is sharp. Any area of the body can be affected, but the face is usually spared. One variant, called inverse psoriasis affects intertriginous areas of the groin, intergluteal cleft, axillae and inframammary areas.

Correct diagnosis of psoriasis is usually made by physical examination. Punch biopsy can be diagnostic in difficult cases. Careful examination of scalp, umbilicus, intergluteal cleft and nails can provide clues.

For limited disease (< 20% of the body), emollient creams and ointments and moderate to super-potent topical corticosteroid ointments and creams are the mainstay of therapy. Because psoriasis is a chronic condition, the strength of topical corticosteroid should be reduced as soon as possible to avoid side-effects. Addition of crude coal tar 2% to 5% into the topical corticosteroid can be helpful. Calcipotriene



Figure 1. Non-itchy rash

0.005% cream or solution twice a day and the topical retinoid tazarotene gel 0.05% to 0.1% once daily. are alternatives to topical corticosteroids.

For moderate disease (> 20% of the body), topical therapies are more difficult to use. UV light treatments either with UVB or combination of UVA plus oral psoralens are frequently effective.

Widespread disease, pustular psoriasis and severe psoriatic arthritis require systemic therapies. Methotrexate, systemic retinoid (acitretin), oral cyclosporine A are used alone or in combination.

Psoriasis is usually a lifelong disease. Patients may enjoy periods of improvement, but most rely on maintenance treatment to control disease. Morbidity can be significant in patients with psoriatic arthritis and pustular forms. In most cases, there are no medical complications.

CME

Dr. Kubba graduated from the University of Baghdad, where he initially trained as a Trauma Surgeon. He moved to Britain, where he received his FRCS and worked as an ER Physician before specializing in Family Medicine. He is currently a Family Practitioner in Mississauga, Ontario.