Severe Psoriasis Case Report

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**Abstract**

**Introduction**

Psoriasis is a skin disease and plaque psoriasis is the most common form of it. It can be caused due to infections or skin injuries. Its treatment involves calcineurin inhibitors, topical corticosteroids, etc.

**Case Presentation & Discussion**

An 18-year old boy has been brought to the hospital who has acquired psoriasis of severe type within short period and has no family history of the disease. He is treated with topical corticosteroids, fed with nutritious food, and given fluids to eliminate dehydration.

**Conclusion**

His disease was chronic, could not be cured completely, however, it was controlled with the medication. His recovery happened to be soon. The medication given to him worked effectively for plaque psoriasis. His health is better due to hydration and nutrition provided.

**Body**

**Introduction**

Psoriasis is a disease that is related to skin wherein the skin cells tend to expedite their life cycle (Tsoi et al., 2012). The skin cells replicate with increased pace on the skin surface. The skin cells produced in increased amount form red patches and scales that cause pain and itchiness. Psoriasis can be of many types and ‘plaque psoriasis’ is the most common form. It is an autoimmune condition that is mostly chronic in nature (Lebwohl et al., 2003). It inflicts on the patient’s skin lesions that are red, raised, and dry. The lesions are painful or itchy. It can occur on any part of the body, even the soft tissue that lies inside the mouth, or on the genitals. However, the parts of the body most commonly affected are scalp, knees, and elbows. Severe psoriasis covers the body on more than ten percent of it (Mason, Mason, Cork, Dooley, & Hancock, 2013). The location of patches may change as they heal and the disease affects different persons differently (Kimball et al., 2008). It may be triggered by infections (skin related or strep throat), or skin injury such as a cut or a severe sunburn, etc. Diagnosis takes place by examining scalp, skin, and other concerned parts. The doctor may perform biopsy by taking sample of skin for examination (Feldman et al., 2008). Treatment of plaque psoriasis includes the use of topical corticosteroids, anthralin, calcineurin inhibitors, salicylic acid, topical retinoids, coal tar, and vitamin D analogues (Ellis & Krueger, 2001).

**Case Presentation and Discussion**

An 18-year old boy was brought to the city hospital who had lesions on the skin, of red color. The condition was getting adverse over time. The doctors made his physical examination and found that he was moderately dehydrated and had not eaten properly since a long time. The redness of skin could be seen on most parts of his body including the elbows and knees. His family history was devoid of any such disease carrying evidence. His parents were inquired about her activities if he was involved in drugs or smoking, or experienced trauma. It was however found that he had been getting medication for plaque psoriasis since last two months and been treated with calcineurin inhibitors. The patient was diagnosed with severe plaque psoriasis and the diagnosis was supported by examination of skin tissues. The treatment at the initial step comprised treatment with topical corticosteroids, hydration via fluids adequately, and supervised intake of proper food. This treatment yielded positive results. Later, his skin was almost completely recovered after completely been desquamated. He was kept in the hospital for two weeks, and he recovered from effects of dehydration and malnutrition.

**Conclusion**

The case report presented above describes certain features of severe psoriasis that are often omitted in cases of severity. The patient had a short history of the disease and had acquired severe symptoms within short time span. The treatment using fluid resuscitation, nutritious food, and corticosteroids proved to be healing, and he was discharged after two months.

**References**

Ellis, C. N., & Krueger, G. G. (2001). Treatment of chronic plaque psoriasis by selective targeting of memory effector T lymphocytes. *New England Journal of Medicine*, *345*(4), 248–255.

Feldman, S. R., Horn, E. J., Balkrishnan, R., Basra, M. K., Finlay, A. Y., McCoy, D., … Council, I. P. (2008). Psoriasis: Improving adherence to topical therapy. *Journal of the American Academy of Dermatology*, *59*(6), 1009–1016.

Kimball, A. B., Gladman, D., Gelfand, J. M., Gordon, K., Horn, E. J., Korman, N. J., … Lebwohl, M. G. (2008). National Psoriasis Foundation clinical consensus on psoriasis comorbidities and recommendations for screening. *Journal of the American Academy of Dermatology*, *58*(6), 1031–1042.

Lebwohl, M., Tyring, S. K., Hamilton, T. K., Toth, D., Glazer, S., Tawfik, N. H., … Garovoy, M. R. (2003). A novel targeted T-cell modulator, efalizumab, for plaque psoriasis. *New England Journal of Medicine*, *349*(21), 2004–2013.

Mason, A. R., Mason, J., Cork, M., Dooley, G., & Hancock, H. (2013). Topical treatments for chronic plaque psoriasis. *Cochrane Database of Systematic Reviews*, (3).

Tsoi, L. C., Spain, S. L., Knight, J., Ellinghaus, E., Stuart, P. E., Capon, F., … Gudjonsson, J. E. (2012). Identification of 15 new psoriasis susceptibility loci highlights the role of innate immunity. *Nature Genetics*, *44*(12), 1341.