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Psoriasis from diagnosis to treatment

Statement of the Problem: Psoriasis is autoimmune, not contagious disease with chronic course, which appears on the skin. It occurs when the immune system sends out faulty signals that speed up keratinization of skin cells. The most common form is plaques psoriasis, appears as raised, red patches covered with a silvery white scales of dead skin cells. Psoriasis can occur on any part of the body and is associated with other serious health conditions, such as arthritis, diabetes, hypertension and depression. Psoriasis is the most common autoimmune disease in the US, 7.5 million Americans have psoriasis and 125 million people worldwide suffer with psoriasis (National Psoriasis Foundation, 2014).

Methodology & Theoretical Orientation: Diagnosis is based on clinical and/or histopathology examination which is conclusive for the diagnosis. Conventional therapy does not stop the relapses, has numerous side effects, so it is serious psychological stress for patients, who affect their quality of life and leads to impaired social adaptation. This is great challenge for developing new treatment strategies.

Findings: We followed group of 50 patients with moderate to severe chronic psoriasis in placibus. PASSI score more or equal of 12. Diagnosis was confirmed in unclear cases with histopathology HE examination. All of them received local steroid treatment combined with keratolytic and photo-therapy based on the possibility to use natural resources due to the geographic region and many sunny days. 25% of patients undergo retinoid treatment during 3 years of follow up, 25% use methotrexate as weakly dosage regiment during same follow up period. Biologics are not available in our state due to the high price and lack of insurance coverage. 2 patients develop erythrodermic psoriasis and they were switched to the other therapeutically protocol (rotation strategy). In 50% of the patients disease was stable only with local steroid treatment and photo-therapy.

Conclusion & Significance: Main stay of the treatment local steroids and climate photo-therapy are sufficient for disease control in 50% of patients with 75% improvement in Psoriasis Area and Severity Index (PASI-75). Lesions are scored on a scale of 0 to 4 for 3 characteristics: Erythema, infiltration and desquamation, weighted by the area of involvement. The lesions are scored within 4 anatomical regions: Head, upper extremities, trunk and lower extremities including buttocks. Within each of these regions, the area of involvement is scored on a scale of 0 to 6. 50% of patients need adequate (oral or biologics) treatment with other therapy options to achieve remission and symptom free disease.

Biography

Andrej Petrov is the Head of Dermatology Department in Acibadem Sistina Hospital, Macedonia. He is working in the field of general and esthetic dermatology. He is an Assistant Professor at University Goce Delcev Stip and Head of Dermatology Department, Faculty of Medical Sciences in Stip, Macedonia.

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