

Diagnostic Methods and Treatments Involved in Psoriasis

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DESCRIPTION

Psoriasis is a chronic immune-mediated inflammatory illness that is distinguished by abnormal keratinocyte proliferation, angiogenesis, and inflammatory cell infiltrates in the skin. Psoriatic cells develop more rapidly than healthy cells in psoriasis skin condition. Because of the rapid growth, dead skin cells accumulate on the skin's surface, resulting in thick patches of red, dry, and itchy skin. These patches or psoriatic skin lesions may have similar characteristics to healthy skin, rendering lesion detection more difficult for accurate disease diagnosis and detection of severity.

Psoriasis is divided into five categories.

- Plaque psoriasis
- Guttate psoriasis
- Inverted psoriasis
- Pustular psoriasis
- Erythrodermic psoriasis

Plaque psoriasis is commonly known as psoriasis vulgaris, responsible for around 90% of cases. It appears as red spots with white scales on top. The back of the forearms, shins, navel area, and scalp are the most typically affected areas of the body. The lesions of guttate psoriasis are drop-shaped. Pustular psoriasis develops as tiny, pus-filled blisters. Inverse psoriasis causes red patches to appear in skin creases. Erythrodermic psoriasis develops when the rash spreads widely and can develop from any of the other forms. Most people with psoriasis suffer with nail and toe nail problems at some stage of their lives. These could include nail cracks or changes in nail colour.

Psoriasis is widely recognized to be a hereditary disease induced by environmental factors. If one identical twin has psoriasis, the other twin is three times more likely to be affected, if the twins are non-identical. This indicates that psoriasis is caused by hereditary factors. Symptoms frequently increase in the winter and after selecting particular medications, such as beta blockers or NSAIDs. Diseases and psychological stress may also contribute. The immune system interacting to skin cells is the fundamental process. The signs and symptoms are often used to make a diagnosis.

Diagnosis

Psoriasis is often diagnosed based on the look of the skin. Psoriasis skin characteristics include scaly, erythematous plaques, papules, or patches of skin that may be unpleasant and itchy. Typically, no extra blood tests or diagnostic procedures are necessary to make the diagnosis.

The differential diagnosis of psoriasis includes dermatological conditions similar in appearance such as discoid eczema, seborrheic eczema, pityriasis rosea (may be confused with guttate psoriasis), nail fungus or cutaneous T cell lymphoma (50% of individuals with this cancer are initially misdiagnosed with psoriasis). Dermatologic symptoms of systemic disorders, such as secondary syphilis rash, might be misidentified for psoriasis. A skin biopsy or scrape may be conducted to rule out other disorders.

On microscopy, skin from a sample reveals clubbed epidermal projections that interdigitate with the dermis. Another histologic feature of psoriasis lesions is epidermal thickening. In psoriatic lesions, the stratum granulosum layer of the epidermis is frequently absent or considerably reduced; skin cells from the most superficial layer of skin are also abnormal because they never develop properly. These superficial cells, despite their mature counterparts, retain their nuclei. Microscopy often reveals inflammatory infiltrates when evaluating psoriasis-affected skin or joint tissue. The epidermal skin tissue damaged by psoriatic inflammation frequently has many CD8⁺ T cells, but the dermal layer of skin and the joints have a majority of CD4⁺ T cells.

Treatment

Psoriasis therapies aim to slow the growth of skin cells and remove scales.

- Treatments include lotions and ointments (topical therapy), light therapy (phototherapy), and oral or injectable drugs.
- Treatment included in tropical therapy is corticosteroids, vitamin-D analogues, retinoids, calcineurin inhibitors, salicylic acid, coal tar, anthralin.

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- Treatment involved in light therapy is sunlight, goeckerman therapy, UVB broadband, UVB narrowband, Psoralen Plus Ultraviolet A (PUVA), excimer laser.
- Oral or injected medications are steroids, retinoids, biologics, methotrexate, cyclosporine.