Clinical and Epidemiological Features of Psoriasis in Patients Visiting Government General Hospital, Kadapa.

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Abstract:

Background: Psoriasis is a worldwide disease, and its prevalence varies in different parts of the world Aims and Objectives: To study clinical and morphological presentations of Psoriasis in patients visiting Government General Hospital, Kadapa.

Materials and Methods: *Thisstudy is carried out over a period of 1 year, from April 2018 to May 2019. Consecutive 280 patients clinically suggestive of Psoriasis, aged up to 60 years, attending the OPD of Government Medical College, Kadapa, Andhra Pradesh were selected for the study. All patients were divided into 6 study groups: up to 10 years, 11 to 20 years, 21 to 30 years, 31 to 40 years, 41 to 50 years, 51 to 60 years.*

Results: There were 165 males and 115 in a total of 280 study population. Psoriasis vulgaris was the most common type of Psoriasis which accounted for 67.86%. The most common site of involvement was extensorsurfaces (80.4%).

Conclusion: Psoriasis is a relatively common dermatological condition. It affects males more than females. The most common presentation is Psoriasis vulgaris and extensor surface of the body was the most affected region. Key words: Psoriasis, Psoriaticarthritis, Nail psoriasis.

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I. Introduction:

Psoriasis is a common, chronic, proliferative inflammatory and disfiguring, condition of skin in which both genetic and environmental influences play a critical role. The most characteristic lesions consist of red, scaly, sharplydemarcated, indurated plaques, present particularly over extensor surfaces and scalp. Apart from skin, it affects joints and nails and is now being described as a metabolic disorder. [1] There is considerable difference in the incidence of disease due to environmental, genetic and geographical factors. Prevalence is 2.3% in India, [2] 0.3% in China, [3] 0.4% in Sri Lanka, [4] 8.5% in Norway, [5] 5.2% in France, [6] 6.6% in Australia, [7] 2.2% U.K , [8] 2.2% in US. [9] The disease is enormously variable in duration, periodicity of flares and extent. [10]

Psoriasis rarely causes mortality, but significantly affects the quality of life of the patient. These patients have skin symptoms, may develop arthritis, depression and cardiovascular diseases. They may have obesity, hypertension and diabetes as comorbid conditions. As many as 15.5% of psoriasis patient develop psoriatic arthritis. [6,7,8]

II. Materials And Methods:

This is a prospective study done in the outpatient department of Dermatology, venerology and Leprology, Government General Hospital, Kadapa, AndhraPradesh, India over a period of one year from April 2018 to May 2019.

Consecutive 280patients clinically suggestive of Psoriasis, aged up to 60 years were included in this study. A detailed general, systemic and cutaneous examination along with relevant investigations were carried out.

The age group of patients included in this was divided intosixgroups; upto 10 years,11 to 20 years,21 to 30 years,31 to 40 years,41 to 50 years, and 51 to 60 years. Proper history taking regarding onset, duration, progression of disease, familyhistory, morphology of lesion, nailinvolvement, relieving or exacerbating factors and histological findings in cases where biopsy was required were collected in each case. Diagnosis of Psoriasis is mostly by clinical examination as characterized by well-defined erythematous indurated plaques covered with silvery white loosely adherent scales. However, diagnosis was doubtful in 24% of cases, all these cases were subjected for histopathological examination. The findings are recorded for analysis and interpretation of data.

	Table no1 : Age and sex wise distribution of study population. (n=280)								
Sex	Upto10 years	11-20years	21 - 30	31 - 40years	41-50 years	51-60	Total		
		-	Years	-	-	years			
Female	8	16	25	34	19	13	115(41.07%)		
Male	10	22	40	48	25	20	165(58.93%)		
Total	18	38	65	82	44	33	280(100%)		

III. Results:

A total of 280 cases were enrolled in the study. There was a predominance of males(n=165) (58.93%) with a male to female ratio of 1.43:1. Patients aged between 31 to 40 years constituted the largest group with 82 (41.4%) patients ;21 to 30 years constituted the second largest group with 65(23.22%) patients.

Table no2: Morphological types of Psoriasis					
Type of Psoriasis	N	%			
Psoriasis vulgaris	190	67.86%			
Palmoplantar Psoriasis	46	16.44%			
Guttate Psoriasis	20	7.14%			
Pustular Psoriasis	10	3.57%			
Erythrodermic Psoriasis	14	5%			
Total	280	100%			

Psoriasis vulgaris [photo 1] was the most common presentation in this study population constituting 67.86% of cases followed by palmoplantar Psoriasis (16.44%); guttate Psoriasis (7.14%): Erythrodermic psoriasis (5%) and pustular Psoriasis (3.57%).

The most common site of involvement was extensor surfaces (80.4%), scalp (45.5%), hands and feet (25.6%), lumbosacralregion (15%)



Photo no1: Psoriasis vulgaris

The most common site of involvement was extensor surfaces (80.4%), scalp (45.5%), hands and feet (25.6%), lumbosacral region (15%)

The lesions were bilaterally symmetrical in almost 95% of cases. The skin changes were associated with psoriatic nail changes [photo 2] in 25% of cases.



Photo no2: Nail psoriasis

Most of the patients of palmoplantar Psoriasis complained difficulty in manual work (52%), fissuring (35%), irritation (23%), difficulty in walking (32%) and pain (18%).

Both palms and soles involved in 35% of cases. Exclusive palmar involvement observed in 17% of cases.

Out of 280 patients 65(23.21%) patients aged above 30 years were suffering from other comorbidities like hypertension, diabetes mellitus.

IV. Discussion:

In our study out of 280 cases males were 165 and females were 115 with male to female ratio 1.43:1 which is in accordance with study done by Gupta ,et al.[11]Mikrani JA .et.al reported male to female ratio of 1.16:1.[12]In contrast, in Kumar et al,[13] and Chopra et al.[14] studied both men and women were equally involved.

Out of 280 patients, Psoriasis vulgaris was the most common presentation in this study population constituting (n=190) 67.86% of cases followed by palmoplantar psoriasis(16.44%); guttate psoriasis (7.14%): erythrodermic psoriasis(5%) and pustular psoriasis(3.57%). Mikrani JA et.al reported psoriasis vulgaris in 80% of cases, followed by guttate Psoriasis (15.83%). [12] Gupta et al reported palmoplantar Psoriasis accounted for 59% of cases. [11]

Most of the patients of palmoplantar Psoriasis complained difficulty in manual work (52%), fissuring (35%), irritation (23%), difficulty in walking (32%) and pain (18%).

Palmoplantar Psoriasis presented as typical scaly plaques on which loosely adherent scales can be evoked by scratching. Pitting, subungualhyperkeratosis, salmonpatches, onychodystrophy were the nail changes observed in 25% of cases. This is in accordance with Chopra et al [14] study in which nail involvement was noted in 23.4% of cases.Gupta et al [11] showed nail involvement in 39% patients.

V. Conclusion:

Psoriasis is a relatively common dermatological condition. Itaffects males more than females. Psoriasis vulgaris is the most common clinical type and extensor surface of the body was the most affected region.

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