Available online www.jocpr.com

Journal of Chemical and Pharmaceutical Research, 2017, 9(6):153-155



Research Article

ISSN: 0975-7384 **CODEN(USA): JCPRC5**

Prevalence of Mild to Moderate Psoriasis Vulgaris in Outpatient Department of **Dermatology Unit of a Tertiary Care Hospital**

M Sindhuja* and NS Muthiah

Department of Pharmacology, Sree Balaji Medical College and Research Hospital, Chrompet, Chennai, Tamilnadu, India

ABSTRACT

Background: Psoriasis is a chronic inflammatory disease of high prevalence. In India the prevalence of psoriasis varies from 0.44 to 2.8%. Objective: This study is to evaluate the prevalence of mild to moderate psoriasis vulgaris among different age groups in outpatient department of dermatology unit of Sree Balaji medical college and research hospital. Result: In this present study out of 587 patients attended skin OPD with skin lesion or complaints, dermatologist diagnosed as 62patients with mild to moderate psoriasis vulgaris. Out of 62 patients 35 are male and 27 are female. Out of 62 patients, 21 patients (14 in male and 7 in female) have family history of psoriasis vulgaris.

Keywords: Prevalence; Psoriasis vulgaris; PASI score; Management

INTRODUCTION

Psoriasis is an autoimmune disease with chronic course, manifests systemically in the joints (psoriatic arthritis) as well as the skin. The etiopathogenesis of psoriasis is still not fully understood and involves a complex interaction of genetic and environmental factors. Psoriasis was originally thought to be a keratinisation disorder, but now substantial evidence indicates that different components of the innate- and acquired-immunity (T cells, dendritic cells, and inflammatory cytokines) are critically involved in initiating and maintaining the inflammatory response [1-4]. Psoriasis has a significant impact on patient quality of life. The social and psychological impact is considerable. Psoriasis is not considered a life threatening disease, but it is well established that those patients may experience a range of psychosocial difficulties, including elevated levels of anxiety, depression, and worry. It is classified into several subtypes among all approximately 90% of cases are of chronic plaque (Psoriasis vulgaris) [5]. Sharply demarcated erythematous silvery scaling plaques occur on the extensor surface of the elbows, knees, scalp, sacral and groin regions [6]. By combining age of onset and human leukocyte antigen pattern, two subtypes of psoriasis have been described: Type I with early onset (30 years of age) and familial inheritance; Type II psoriasis is usually a milder disease starting at age 55–60 years with no genetic predisposition [7,8].

Aim and Objective

In this study our aim was to evaluate the prevalence of mild to moderate psoriasis vulgaris among different age group in outpatient department of dermatology unit of Sree Balaji medical college and Research Hospital.

MATERIALS AND METHODS

The present study has been conducted on a symptomatic group who visited dermatological OPD of Sree Balaji Medical college and research hospital.

Selection of Patients

Patients of all age group who visited OPD with complaint of itching or lesion were screened and then filtered after the diagnosis by dermatologist as mild to moderate psoriasis vulgaris were included in the study irrespective of their comorbid condition. A brief history about any systemic diseases was noted [9]. Most patients with psoriasis vulgaris are diagnosed clinically. The mild to moderate type was classified based on PASI scoring < 10.

Pasi Score

Psoriasis Assessment and Severity Index is used for the evaluation of measurement of the extent of the body surface area involved with consideration of the subtype of psoriasis, degree of disability and feasibility of topical therapy [10,11]. It included the body surface area affected by psoriasis in addition to three major symptoms erythema, indurations, desquamation (EID).

Study Period

This study was conducted for a period of one year from September 2015-August 2016 after approval from institutional ethics committee.

RESULTS

In this present study out of 587 patients attended skin OPD with skin lesion or complaints, dermatologist diagnosed 62 patients with mild to moderate psoriasis vulgaris. The graph shows 45-60 years age group have greater incidence of Psoriasis vulgaris infection with male predominance. Out of 62 patients 35 are male and 27 are female. Out of 62 patients, 21 patients have positive family history of psoriasis vulgaris out of that, 14 in male and 7 in female (Figures 1-3).

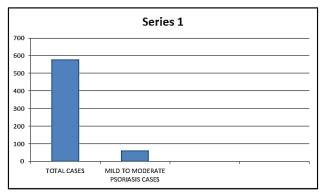
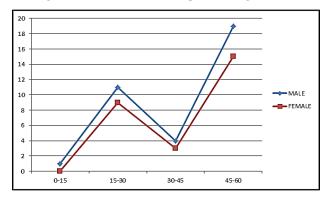


Figure 1: Total mild to moderate psoriasis vulgaris cases



 $\label{prop:control} \textbf{Figure 2: Male and female distribution of mild to moderate psoriasis vulgaris} \\$

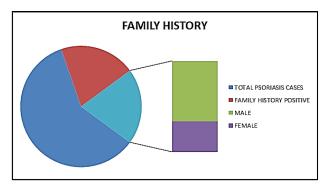


Figure 3: Family history in psoriasis vulgaris patients

DISCUSSION

Of 587 patients who attended skin OPD with skin lesion or complaints, dermatologist diagnosed as 62 patients with mild to moderate psoriasis vulgaris. The highest numbers of patients were seen in the age group of 45-60 years. Out of 62 patients, 21 patients have positive family history of psoriasis vulgaris and out of that, 14 in male and 7 in female. This indicates the possible role of genetic factors in the etiology.

CONCLUSION

Psoriasis is commonly seen in the fifth and sixth decades of the life and in our study more numbers of males are affected than females. A variety of systemic (methotrexate and cyclosporin) and topical (emollients and clobetasole with salicylic acid) agents can be used for treating Psoriasis with determined by severity of patient's condition and the probability of controlling long term symptoms with minimal adverse effects.

LIMITATIONS

As this study includes only the mild to moderate psoriasis patients, the original prevalence of psoriasis in a tertiary care hospital may alter. And futher detailed history about the recurrence of infection if any can help us to find the contribution of underlying co morbidities like diabetes.

ACKNOWLEDGEMENT

My sincere thanks to Department of dermatology and my heartfelt gratitude to my beloved professors, faculty, peers and well wishers.

REFERENCES

- [1] E Christophers. Clin Exp Dermatol. 2001, 26, 314-320.
- [2] S Dogra; S Yadav. Indian J Dermatol Venerol. 2010, 76(6), 595-601.
- [3] TK Seng; TS Nee. Int J Dermatol. **1997**, 36, 110-112.
- [4] JM Gelfand; AB Troxel; JD Lewis; SK Kurd; DB Shin; X Wang; DJ Margolis; BL Strom. *Arch Dermatol.* **2007**, 143, 1493-1499.
- [5] DJ Najarian; AB Gottlieb. *J Am Acad Dermatol.* **2003**, 48, 805-821.
- [6] DM Ashcroft; AL Wan Po. Br J Dermatol, 1999, 141(2), 185-191.
- [7] M Camp; JN Barker. Psoriasis: Burns DA, Breathnach SM, Cox N, Griffiths CE. Rook's Textbook of Dermatology. 7th Edition, Oxford: Blackwell. **2005**, 35(1), 35-69.
- [8] GJ Nevitt; PE Hutchinson. Br J Dermatol. 1996, 135, 533-537.
- [9] RG Langley; GG Krueger; CE Griffiths. Ann Rheum Dis. 2005, 64, 12.
- [10] F Capon; RC Trembath; JN Barker. Dermatol Clin. 2004, 22(4), 339-347.
- [11] A Menter; A Gottlieb; SR Feldman; AS Van Voorhees; CL Leonardi; KB Gordon; M Lebwohl; JY Koo; CA Elmets; NJ Korman; KRJ Beutner. *Am Acad Dermatol.* **2008**, 58(5), 826-850.