



**Psoriasis** is a **chronic, immune-related, inflammatory** skin condition that affects ~1% of children globally. It is characterized by **thickened, scaly plaques**.

## PATHOPHYSIOLOGY

Genetic component  
Immune-mediated  
Triggers (stress, trauma, infections, medications)

## DIFFERENTIAL DIAGNOSIS

- Atopic dermatitis
- Nummular dermatitis
- Seborrheic dermatitis
- Lichen planus
- Cutaneous lupus erythematosus (discoid and subacute)

## TYPES OF PSORIASIS

- Chronic plaque psoriasis (Fig. 1) – most common type
- Guttate psoriasis (Fig. 2) – triggered by strep infections
- Erythrodermic psoriasis
- Pustular psoriasis

## PRESENTATION

### (CHRONIC PLAQUE PSORIASIS)

- Clinical diagnosis
- Erythematous papules, **well-demarcated** plaques with **regular borders**, covered by **white or grey scale**
- Pruritus** is common
- May appear hyperpigmented in richly pigmented skin tones
- Symmetric** distribution: elbows, knees, lower back, scalp, face
- Plaques are **smaller and thinner** than in adults
- Nail involvement** (pitting, oil spots, onycholysis, subungal hyperkeratosis, onychodystrophy, splinter hemorrhages)

## ASSESSING SEVERITY

- Calculate body surface area (BSA) that lesions cover:

≤5%:  
**mild**

5-10%:  
**moderate**

≥10%:  
**severe**

- Psoriasis area and severity index (PASI) score



Figure 1. Plaque psoriasis



Figure 2. Guttate psoriasis

## CO-MORBIDITIES:

Psychosocial (i.e., anxiety, depression, reduced QoL)

Metabolic (e.g., obesity, diabetes)

Other inflammatory (e.g., juvenile psoriatic arthritis, Crohn's disease)

## MANAGEMENT

### Mild to moderate

- First line:** emollients, topical vitamin D analogues, mid-potency topical corticosteroids
- Second line:** retinoids, keratolytics (e.g., salicylic acid), high potency topical corticosteroids.
- Third line:** topical roflumilast

### Moderate to Severe

- Systemic therapy – methotrexate, cyclosporin
- Phototherapy for children > 6 years old
- Biologic agents if unresponsive to above therapies

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