



## **Psoriasis**

Psoriasis is one of the most common skin problems (1 to 3 percent of people), and appears as inflamed areas of overgrown skin, topped with white scale. Up to 37 percent of people first develop the disorder during childhood, especially during teenage years. Psoriasis is a chronic problem with periods of spontaneous remissions and recurrence. Although many patients report that another family member has psoriasis, most patients do not have anyone in the family with psoriasis.

The cause of psoriasis is unknown. What we do know, however, is that trauma to the skin may cause a lesion at the site of trauma, called the "Koebner phenomenon." That may explain why we see most lesions of psoriasis at areas of trauma, such as the scalp, the elbows, knees and buttocks. Very small lesions of psoriasis ("guttate psoriasis") all over the body can be seen a few weeks after strep throat.

The management of psoriasis may be simple in mild cases, with occasional use of short-term cortisone on the skin. Patients with more severe or widespread involvement often need more complicated therapy. Tars and calcipotriene are other agents, in addition to cortisone, that can be applied to the skin and are often effective. Occasionally, patients with psoriasis will need ultraviolet light treatments or oral medications. Any of these treatments should be done only with the advice of a dermatologist, and the patient with psoriasis who uses these treatments must be checked frequently and regularly. Injury to the skin should be avoided by wearing protective guards when participating in sports that can cause trauma and by choosing occupations that can decrease trauma to the skin. Tight clothing and shoes should be avoided as well. Although sunlight is often very helpful for patients with psoriasis, sunburn can result in many new lesions at the sites of the burn.

## TREATMENT PLAN

To the affected areas of the **body**:

\_\_\_\_\_ Triamcinilone ointment/cream once/twice daily

\_\_\_\_\_ Elocon ointment/cream once/twice daily

\_\_\_\_\_ Lidex ointment/cream once/twice daily

\_\_\_\_\_ Synalar ointment/cream once/twice daily

\_\_\_\_\_ Calcipotriene (Dovonex) ointment/cream once/twice daily

\_\_\_\_\_ Other: \_\_\_\_\_

To the affected areas on the **face**:

\_\_\_\_\_ Aclovate ointment/cream once/twice daily

\_\_\_\_\_ Hydrocortisone ointment/cream once/twice daily

To the affected areas on the **scalp**:

\_\_\_\_\_ Calcipotriene solution once/twice daily

\_\_\_\_\_ Dermasmooth F/S to wet scalp nightly

\_\_\_\_\_ Valisone Solution nightly

\_\_\_\_\_ Synalar Solution nightly

\_\_\_\_\_ Temovate Solution nightly

\_\_\_\_\_ Lidex Solution nightly

\_\_\_\_\_ Baker's P & S Solution nightly

**This is the medical opinion of Savannah River Dermatology. For additional information, please contact our office at 706-691-7091.**