



Incidence of Psoriasis in Patients with Different Skin Diseases in Baquba City

Alaa Aldeen Khorsheed Murad (FIBMS)¹ and Watheq Mohammed Hussien (FIBMS)²

Abstract

Background: Psoriasis is a common, chronic, and recurrent disease characterized by remission and exacerbation in formation of salmon - pink, well demarcated erythematous plaques, covered by white adherent silvery scales, its prevalence varies in different populations from 0.1-11.8% according to published reports .

Objective: To study is to estimate the incidence of psoriasis among patients attending dermatological consulting clinic in Baquba teaching hospital.

Patients and Methods: A retrospective study was done in outpatient clinic of Baquba Teaching Hospital, which includes patients with different skin diseases attending the clinic during the whole year from first of January to thirty one of December of 2012, they were diagnosed by dermatologists. Patients with psoriasis were evaluated for age and sex.

Results: Ten thousands, nine hundred and sixty four patients with different skin diseases were attended to outpatient clinic department of dermatology in Baquba Teaching Hospital for the period from the first of January to the 31 of December 2012, their ages ranged from 2-60 years . Out of this number 220 (2%) patients were diagnosed to have psoriasis. They were 118 (54%) males and 102 (46%) females' .the disease more in age groups 21-30 years and 31-40 years (30.5% and 23.7% respectively).

Conclusion: It was concluded that psoriasis was common in patients with different skin disease in Baquba City and it is the disease of young and adult population.

Key words: Psoriasis, Incidence, skin lesion.

Corresponding Author: aakhorshid2005@yahoo.com.

Received: 21th June 2016

Accepted: 21th Aguste 2016

¹ Department of Dermatology-Baquba Teaching Hospital- Diyala health directorate - Diyala - Iraq.

Introduction

Psoriasis is a common, chronic, and recurrent inflammatory disease characterized by remission and exacerbation in formation of salmon pink, well demarcated erythematous plaques, covered by white adherent silvery scales [1].

Psoriasis occurs worldwide but its prevalence varies considerably. It prevalence in the USA, approximately (2.2-2.6%) of the population. In Denmark (2.9%) of population which consider a high rate and Faeroe islands (2.8%). It occurs less

frequently in tropics. And it's very low in certain area or in ethnic groups such as the Japanese, and may be absent in aboriginal Australians and Indians from South America [2]:

The disease characterized by erythematous, circumscribed, dry plaques often covered with loose, silver-colored scales, the lesion usually symmetrical, the fingernails and toenails may affect, subjective symptom, such as itching or burning may be present, commonest nail lesions are discoloration and pitting. Scaly

plaques on the scalp, small areas of bleeding where the involved skin is scratched [3].

Risk factors: Family history, viral and bacterial infections, stress, obesity, smoking, injury to the skin, cold weather, certain medications and heavy alcohol consumption [4].

The psoriasis diagnosed by physical examination and medical history, skin biopsy [5]. The most common differential diagnosis is seborrheic dermatitis, lichen planus, ringworm of the body (tinea corporis) and pityriasis rosea [6].

Psoriasis is treated either topically such as corticosteroids, vitamin D analogues, anthralin, retinoids, calcineurin inhibitors, salicylic acid and moisturizers, or Light therapy (phototherapy) Sunlight, UVB phototherapy, Goeckerman therapy, photochemotherapy, Excimer laser, pulsed dye laser, combination light therapy, or systemic retinoids methotrexate, cyclosporine, hydroxyurea, immunomodulator drugs (biologics), thioguanine [7].

Complications, secondary skin infection caused by scratching in an attempt to relieve

itching, thickened of skin, fluid and electrolyte imbalance in the case of severe pustular psoriasis, low self-esteem, depression, stress, anxiety, social isolation [8][9].

Aim of the study is to assess the incidence of psoriasis among patients attending dermatological consulting clinic in Baquba teaching hospital.

Materials and Methods

Ten thousands, nine hundred and sixty four patients with different skin diseases were attended department of dermatology in Baquba Teaching Hospital for the period from 1st January 2012 to 31th December 2012. Patients with psoriasis were evaluated for different data include age and sex.

Result

The study showed that out of ten thousands, nine hundred and sixty four patients with different skin diseases who attended the outpatient clinic of department of dermatology in Baquba Teaching Hospital, 220 (2%) patients had psoriasis, over a period of one year as shown in figure [1].



Figure (1): Incidence of psoriasis in patients attending dermatological consulting clinic in Baquba teaching hospital.

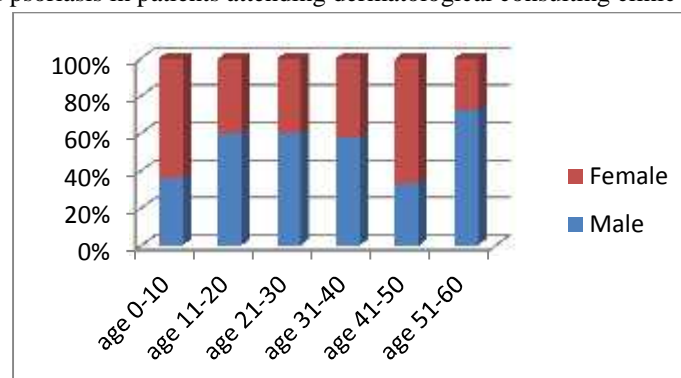


Figure (2): Distribution of male and female within age groups.



They were 118 (54%) males and 102 (46%) females, their ages range from 2 years to 60 years. Regarding the age of males patients, (8.5%) of age group 0-10 years, (12.7%) of age group 11-20 years, (33.9%) of age group 21-30, (25.5%) of age group 31-40 years, (8.5%) of age group 41-50 years, and (11%) of age group 51-60 years. While the females patients, (17.6%) of age group 0-10 years, (9.8%) of age group 11-20 years,

(26.5%) of age group 21-30 years, ((21.6%) of age group 31-40 years, (19.6%) of age group 41-50 years and (4.9%) of age group 50-60 years. The results revealed that (2%) of patients with different skin diseases had psoriasis, with slight male predominance, but without significant statistical difference, most of the patients (54.2%) with in the age group (21-40 years) (table 1).

Table (1): Number and percentages of patients according to sex and ages groups.

Age group	Males patients	%	Female patients	%	Total	%
0 -10	10	8.5	18	17.6	28	12.7
11-20	15	12.7	10	9.8	25	11.4
21-30	40	33.9	27	26.5	67	30.5
31-40	30	25.5	22	21.6	52	23.7
41-50	10	8.5	20	19.6	30	13.6
51-60	13	11	5	4.9	18	8.2
Total	118	100	102	100	220	100

Discussion

In this study the incidence of psoriasis was (2%), which was regarded as high and concordant with the prevalence of the disease in northern Europe countries [10]. And in concordant with that in Denmark (2.9%), Faeroe Islands (2.8%) and USA (2.2-2.6%) [10][11][12]. Also the prevalence was in concordant with that in East Africans (2.5%) and it was highest than that in Asians (0.4%) and South American Indians [10][13][14].

Regarding the gender of patients, the study revealed that psoriasis was more prevalent in males (54%) than females (46%), but without significant statistical which was concordant with all over the world in which both sex were equally affected [10][15][16].

Regarding the age of patients, the psoriasis was more prevalent (54.2%) in age group (21-40 years), than the other groups, which was concordant with studies all over the world [10,17,18]. The present study indicated a high frequency of psoriasis in patients presenting to a dermatology clinic. Frequency was higher in young people and we

recommended to study the prevalence of psoriasis in high risk group in Baquba city among normal people not only that attend.

References

- [1] Tony B, Stephen B, Neil C, Christopher G. introduction of psoriasis. Rook's text book of dermatology, Blackwell publishing, 7th ed, 2004; 2(ch.35):1-79.
- [2] Klaus W, Lowel A, Goldsmith S, Barbara A, Gilchrist A Sp, David JL. Epidemiology of psoriasis. Fitzpatrick's, Dermatology in general medicine, Me Graw Hill, 7th ed, 2007; 1(4):169-93.
- [3] William DJ, Timothy GB, Drik ME, clinical feature of psoriasis. Andrews, Diseases of the skin, Clinical dermatology, Soundres Elsevier, 10th ed, 2006;1(10):191-53.
- [4] Lomholt G. risk factors of psoriasis: A census study from the Faroe Islands. Dan Med Bull 1964; 11:1-7. Green AC. Australia. Diagnosis of psoriasis. Australas J Dermatol 1984; 25:18-24. Convit J. differential diagnosis of psoriasis. In: Proceedings of 13th Congress on



- Dermatology. Amsterdam: Excerpta Medica, 1962:196. Burch PR, Rowell NR. Treatment of psoriasis. Arch Dermatol 1981; 117: 251–2. [5] Smith AE, Kassab JY, Rowland Payne CM, Beer WE. Complication of psoriasis. Dermatology 1993; 186:181–6.
- [6] Ferrandiz C, Pujol RM, Garcia-Patos V, Bordas X, Smandia .complicathon of psoriasis. J Am Acad Dermatol 2002; 46:867–73.
- [7] Klaus W, Lowell A , *et al* . Epidemiology of psoriasis. Fitzpatrick's, Dermatology in General Medicine, Copyright 2008, 7th ed; 1: 169 .
- [8] Farber EM, Nall ML. The natural history of psoriasis in 5600 patients. Dermatologica 1974; 1: 148.
- [9] Elder JT *et al* . The genetics of psoriasis. Arch Dermatol, 1994; 130: 216.
- [10] Sago GS *et al* . Genome-wide studies of psoriasis susceptibility loci: A review. J Dermatol Sci 2004; 35: 171.
- [11] Bowcock AM, Krueger JG. Getting under the skin. Nat Rev Immunol 2005; 5: 699 .
- [12] Gaspari AA. Innate and adaptive immunity and the pathophysiology of psoriasis . J Am Acad Dermatol 2006; 54: S67 .
- [13] Krueger G *et al* . The impact of psoriasis on quality of life. Arch Dermatol 2001; 137: 280.
- [14] O'Brien M, Koo J. The mechanism of lithium and B-blocking agents in inducing and exacerbating psoriasis. J Drugs Dermatol 2006; 5: 426.
- [15] Lehmann B. The vitamin D3 pathway in human skin and its role for regulation of biological processes. Photochem Photobiol 2005; 81: 1246 .