

CLINICAL PRACTICE GUIDELINES

JUNE 2013

MOH/P/PAK/266.13(GU)

MANAGEMENT OF PSORIASIS VULGARIS



Ministry of Health Malaysia



Dermatological Society of Malaysia



Academy of Medicine Malaysia

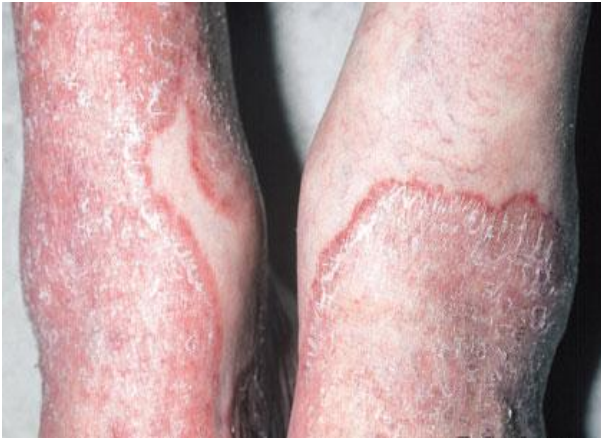
Differential Diagnosis of Psoriasis

Clinical Practice Guidelines Management of Psoriasis Development Group

Dr. Chan Lee Chin
HOD & Consultant Dermatologist
Department of Dermatology
Hospital Pulau Pinang

Psoriasis?

1



Tinea corporis



2



Subacute
cutaneous lupus erythematosus



1. Tinea corporis

- Inflammatory or non-inflammatory reaction to dermatophyte fungi infection
- Present with
 - Annular, erythematous, scaly plaques
 - Active border with central clearing
- Can easily confirmed by a positive skin scraping for fungal hyphae.

2. Subacute Cutaneous Lupus Erythematosus (SCLE)

- Characterised by annular, erythematous plaques with raised border & central clearing or papulosquamous lesions
- Restricted to sun-exposed areas
- Common sites
 - Sides of face, V of neck, upper back &
 - extensors of upper limbs
- Healed without scarring but dyspigmentation

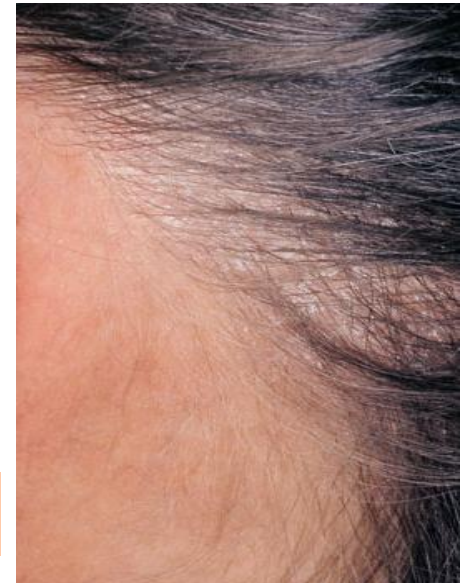
Psoriasis?

3

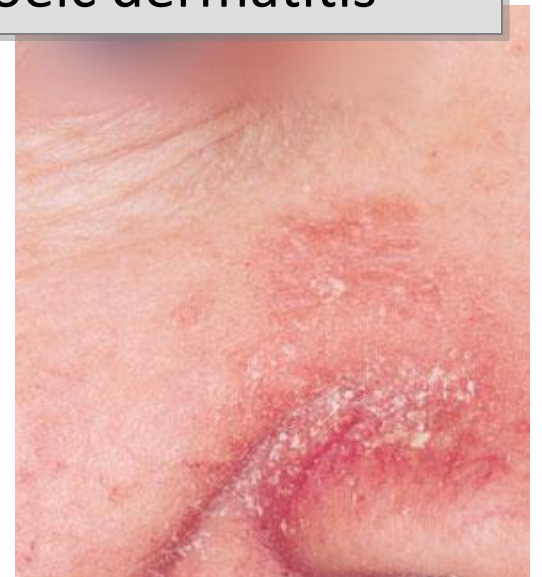


Psoriasis

4



Seborrhoeic dermatitis



4. Seborrhoeic Dermatitis

- Present with more erythematous, **fine**, greasy scaly patches or plaques
- Common sites
 - Scalp, eyebrows, eyelids, face & skin folds like nasolabial folds, behind ears & infra-mammary
 - May also involved anterior chest
- Psoriasis scalp tends have sharply demarcated plaques with coarser & thicker scales & extend 1-2 cm beyond the hairline

Psoriasis?

Secondary syphilis



5



6

Guttate Psoriasis



5. Secondary Syphilis

- Diffuse & generalized non-pruritic papulosquamous eruption. Tend to involve the palms & soles with pink to violaceous scaly papules which healed with hyperpigmented scaly macules
- May also present with patchy (“moth-eaten”) alopecia of the scalp, beard or eyelashes
- Mucosal manifestations include ulcers, gray-coloured papules & plaques & condylomata lata (moist, wart-like papules)
- Serology tests like RPR* & TPHA** are invariably positive

* Rapid plasma reagin ** Treponemal pallidum haemagglutination

Psoriasis?

7



Erythrodermic Psoriasis

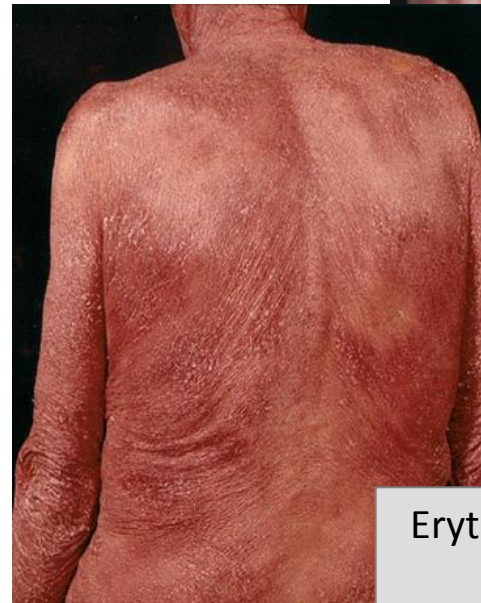


8

Mycosis fungoides
(MF) (CTCL)



Plaque



Erythrodermic
MF

8. Mycosis Fungoides (MF)

- A slowly progressive form of cutaneous T-cell lymphoma
- Tends to occur on “bathing trunk” areas (lower trunk & buttocks)
- Present with many different appearances, including scaly thin red patches (may mimic psoriatic or eczematous patches), raised & thick plaques, tumor or nodular skin lesions, and/or erythroderma
- Diagnosis of MF requires both clinical & histo-pathologic features. Repeated biopsies maybe required because they are frequently non-diagnostic during early years of the disease

Psoriasis?



9a

Atopic eczema



Discoid eczema

9b

9 a,b. Atopic & Discoid Eczema

- Lesions in atopic eczema are less demarcated & tend to involve flexural areas such as neck, antecubital & popliteal fossa
- Discoid (coin-shaped) eczema preferentially involves the distal extremities & is very pruritic

Summary

Differential diagnosis of chronic plaque psoriasis

1. Tinea corporis
2. Subacute cutaneous lupus erythematosus (SCLE)
3. Seborrhoeic dermatitis
4. Secondary syphilis
5. Mycosis fungoides
6. Atopic eczema
7. Discoid eczema