



A CASE REPORT ON PALMOPLANTAR PSORIASIS

K.M.Jyoshna^{1*}, P.Khamrunisa Begam¹, K.V.Vidhya¹, G.Jyoshna¹, K.Thirumala Naik²

1-Pharm.D Interns, Pharmacy practice, Krishna Teja Pharmacy College, Tirupathi.

2.Associate professor and Clinical preceptor, KrishnaTeja Pharmacy College, Tirupathi.

ABSTRACT:

Palmoplantar psoriasis (PP) is a type of psoriasis that develops on the palms and soles; however, the disease can be associated with many different morphologic patterns, including predominantly pustular lesions to thick scaly, hyperkeratotic plaques, or an overlapping of both of them. Psoriasis is an inflammatory, proliferative, chronic skin disease in which there are scaly papules and plaques that can involve any part of the body. Studies reveal that 2-3% of people have psoriasis, and 3-4% of those with psoriasis also have palmoplantar psoriasis. You can get palmoplantar psoriasis at any age. Human leukocyte antigen (HLA) Cw6 is the most often found genetic component linked to palmoplantar psoriasis. On the palms and soles, psoriasis can manifest as pustulosis, less well-defined plaques that resemble hyperkeratotic eczema, or typical scaly areas that can be scratched to reveal a fine silvery scale. It is crucial to distinguish palmoplantar psoriasis from other morphologically similar disorders such as hyperkeratotic eczema, dermatophytosis, and contact dermatitis, as the former may go undiagnosed. Usually unilateral, dermatophytosis is amenable to antifungal therapy. Psoriasis and hyperkeratotic eczema can occasionally be difficult to differentiate from one another. Underreported is the prevalence of palmoplantar psoriasis. In actuality, it is leading the race. Additional research is necessary to confirm the evolving situation.

KEYWORDS: Palmoplantar psoriasis, Hyperkeratotic plaques, Human leukocyte antigen, Pustular lesions.

INTRODUCTION:

Palmoplantar psoriasis (PP) is a type of psoriasis that develops on the palms and soles; however, the disease can be associated with many different morphologic patterns, including predominantly pustular lesions to thick scaly, hyperkeratotic plaques, or an overlapping of both of them. Psoriasis is an inflammatory, proliferative, chronic skin disease in which there are scaly papules and plaques that can involve any part of the body. Though psoriasis was first described in the 1800s, the phenotypes or the classifications have only recently been described and also better defined.¹

Studies reveal that 2-3% of people have psoriasis, and 3-4% of those with psoriasis also have palmoplantar psoriasis. You can get palmoplantar psoriasis at any age. Palmoplantar pustulosis is a similar illness that typically manifests in individuals between the ages of 20 and 60.²

However, a mix of environmental and genetic variables leads to palmoplantar psoriasis. Human leukocyte antigen (HLA) Cw6 is the most often found genetic component linked to palmoplantar psoriasis.⁴ the common symptoms include distinct regions of thicker, elevated skin that are scaling, stinging, and burning, as well as pain that cracks and bleeds.²

CASE STUDY:

A 60 year male patient was admitted in the Dermatology department at Sri Balaji medical college, hospital and research institute, Renigunta. With the chief complaints of thick patches, red skin, silvery white scales, itching and burning over palms and soles of the feet since 6 months.

On general examination the patient was consciousness and her vitals were as follows BP-130/90 mm of Hg. PR-9 5bpm, RR-20/min, CNS-NAD, Spo2-98%, CVS-S1S2+, RS-B/LAE+.



INVESTIGATIONS:

Her laboratory investigations were as follows glycolated random blood sugar -105mg/dl, temp-99F, Hb-12.5g/dl, serum creatinine-0.5 mg/dl, plt 4.0lac/cum, Bun-23 mg/dl, RR-20/min, wbc-9.99m/cu, RBC-8.90m/cu, neutrophils 35%, lymphocytes 22%-,monocytes1.4%,serum electrolytes like sodium-123.7mEq/l, potassium-25mEq/l.

So based on subjective and objective evaluation patient have experienced Palmoplantar psoriasis. Clinical evaluation was done and patient was treated symptomatically with levocetirizine-5mg, Dershine cream BD after 5min apply Betohal SL cream BD.

DISCUSSION:

On the palms and soles, psoriasis can manifest as pustulosis, less well-defined plaques that resemble hyperkeratotic eczema, or typical scaly areas that can be scratched to reveal a fine silvery scale . Skin wrinkles across the palms may be spared. Skin that is more pigmented is frequently associated. Subungual hyperkeratosis, thickening of the nail plate, and pitting of the nails were observed as related nail abnormalities.

It is crucial to distinguish palmoplantar psoriasis from other morphologically similar disorders such as hyperkeratotic eczema, dermatophytosis, and contact dermatitis, as the former may go undiagnosed. Usually unilateral, dermatophytosis is amenable to antifungal therapy. Psoriasis and hyperkeratotic eczema can occasionally be difficult to differentiate from one another. Unlike with psoriasis, the lesions are typically less intense and have less erythema. Psoriasis is more likely when hyperkeratotic lesions are present over the knuckles. When both the clinical and histological features of the diseases overlap, the term "psoriasiform eczema" is used.³

CONCLUSION:

The quality of life of patients is greatly impacted by PP. It is a persistent, recurrent illness. From a clinical and immunopathological standpoint, the subtypes of PP should be monitored in order to determine the best course of action for individual . In order to further validate managing the disease and the patients, randomized control trials are necessary.Underreported is the prevalence of palmoplantar psoriasis. In actuality, it is leading the race. Additional research is necessary to confirm the evolving situation.

REFERENCES:

1. <https://www.sciencedirect.com/science/article/abs/pii/S0738081X16302231> Panelburhan Engin M.D. etal Palmoplantar psoriasis **Volume 35, Issue 1**, January–February 2017, Pages 19-27
2. <https://www.medicalnewstoday.com/articles/314742> Palmoplantar psoriasis: What you need to know
3. Medically reviewed by Reema Patel, MPA, PA-C — By Jennifer Huizen — Updated on November 29, 2023
4. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4413136/> [Anandan Venkatesan](#) et.al. Palmoplantar Psoriasis- Ahead in the Race-A Prospective Study from a Tertiary Health Care Centre in South India [J Clin Diagn Res.](#) 2015 Mar; 9(3): WC01–WC03.
5. Published online 2015 Mar 1. doi: [10.7860/JCDR/2015/11716.5669](https://doi.org/10.7860/JCDR/2015/11716.5669)
6. <https://www.ncbi.nlm.nih.gov/books/NBK448142/> Alyssa Miceli et.al Palmoplantar Psoriasis last update august 8, 2023.

