Psoriatic Patient, Methotrexate Is a Good Choice of Drug

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Abstract

Introduction: Psoriasis is a lifelong autoimmune disease which is characterized by white to red color patches of abnormal skin with patches of itchy and scaly. The term psoriasis derived from Greek word “psora” which means “itch”. It is a chronic skin disease, touching about 2% of worldwide population. Different types of psoriasis have been reported such as plaque psoriasis, psoriatic arthritis, scalp psoriasis, flexural (inverse) psoriasis, guttate psoriasis, pustular psoriasis, nail psoriasis, erythroderma which can be diagnosed by solid conclusion such as skin biopsies etc. Case report: We present the case of a 55-years-old male with psoriasis. The diagnosis of psoriasis is based on the clinical features and history, as well as on histopathological examinations of patient’s tissue specimens. Any final diagnosis should include a differential diagnosis which includes severe seborrheic dermatitis, Contact dermatitis, pityriasis rubra pilaris and mycosis fungoides which can be clinically indistinguishable from a severe form of psoriasis. Histopathological studies are also generally needed to achieve a definitive diagnosis. After histopathological confirmation of psoriasis methotrexate therapy has been started. Discussion: After comparing this case with several published articles/case reports on psoriasis we found some similarity regarding presentation, use and good response to methotrexate therapy but dissimilarity regarding response to steroid therapy. Conclusion: Our patient showed an excellent response to methotrexate medication.

Key words: Psoriasis, Scaly lesion, Methotrexate.

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clinically, but some pustular forms are difficult to recognize. Punch biopsy of the skin may act as a confirmatory workup procedure for atypical cases and exclude other conditions in cases of diagnostic uncertainty: atopic dermatitis, tinea corporis, pityriasis rubra pilaris, seborrheic dermatitis etc. Psoriasis is a disease that can improve and worsen over time, but it usually does not go away completely. Treating psoriasis can improve the skin and may improve quality of life. Many treatment options exist for psoriasis. The treatment choice depends on the severity of psoriasis and whether you have psoriatic arthritis or other medical conditions. For mild or localized psoriasis, topical treatments, such as topical corticosteroids and topical vitamin D, are commonly used. For moderate to severe psoriasis, 3 categories of treatments are considered—phototherapy, oral medications, and biologic medications. Phototherapy, or light therapy, uses specific ultraviolet light wavelengths to treat psoriasis. Both oral and biologic medications are systemic medications, which means that they affect not only the skin but also other parts of the body. Biologic medications reduce specific inflammation molecules that are abnormally elevated in psoriasis. The Psoriasis Area and Severity Index (PASI) is an assessment tool that doctors and nurses use to record the severity of a patient's psoriasis the health condition defined by inflamed lesions and silver-colored plaques.

Case Report
A 55 years old male patient was admitted in Sir Salimullah Medical College Hospital on 23/11/19 with the complaints of itching all over the body for 20 days. He also complains of erythematous plaques with silvery scaly lesion all over the body but most prominent in scalp, trunk and extremities. Scales are dry, white, and thick. He noticed bleeding after removal of scale. He does not give any history of hair fall. He was treated with steroid by Quack. After steroid therapy patients condition was deteriorated. For better treatment he was admitted in this hospital. On examination, his temperature was recorded 97°F, pulse rate 80 beats/min, and blood pressure 120/70 mm of hg, Auspitz sign was positive. Then clinically he was diagnosed as a case of psoriasis. During admission time, his PASI score was done and the score was 33.3%. Laboratory investigations such as CBC with blood film, serum creatinine, liver function test, chest X ray P/A view revealed nothing significant. Skin biopsy was done on admission day. He was treated with cap. Cephradine (500 mg), Tab. Fexofenadin (120 mg), Bistar shampoo, Cap. Omeprazole (20 mg) and olive oil during admission time. After three days biopsy report confirmed psoriasis. After confirmation, 10 mg methotrexate was added on every Monday and tab folison was added on every Tuesday for 2 months. After 2 weeks of methotrexate therapy patient’s condition was improved. During discharge time his PASI score was 15.3%. Patient was advised to come after 15 days for follow up with the investigation result of Serum creatinine, and liver function test.

Discussion
Our case presented with itching and erythematous plaques with silvery white scale all over the body but most prominent in scalp, trunk and extremities. Dr. R supraj presents a case about psoriatic patient. In his case he reported that his patient present with itching all over the body and patches of 2 cms length covered by scaly lesions which are white in colour and on scrubbing powder like substances falls down and bleeding in drops. The Auspitz sign refers to the appearance of small bleeding points after successive layers of scale have been removed from the surface of psoriatic papules or plaques. In this study the Auspitz sign was present. Bernhard JD conducted a study entitled “Auspitz sign is not sensitive or specific for psoriasis”. In his study 41 patients’ auspitz sign was positive out of 234 patients with psoriasis. In our study patient’s condition was deteriorated after steroid therapy.
May be the dosage schedule of steroid was wrong because it was prescribed by a Quack. Uva et al (2012) in his study stated that Corticosteroids remain first-line treatment in the management of all grades of psoriasis, both as monotherapy or as a complement to systemic therapy. Our study we found that after methotrexate therapy patient’s condition was improved. Martins and lucia (2004) in his study stated that MTX still represents a treatment option with good efficacy/cost/tolerance relationship, especially in poorer countries. The final decision of the therapeutic choice for patient with psoriasis should be based on their needs and preferences, but also on the clinical and economic consequences of the therapeutic strategy adopted, and some studies have confirmed a longer remission time and lower cost in rotating treatments with the use of MTX.

Conclusion
Psoriasis is a multisystem inflammatory disease that is underdiagnosed and undertreated despite its prevalence and considerable effect on quality of life. Beyond skin and joint involvement, psoriasis is also associated with an array of important medical and psychiatric comorbidities that require timely therapy to improve long-term outcomes. Our patient showed an excellent response to methotrexate medication.

Conflict of Interest: None.

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