**Azerbaijan Medical University**

**Department of Dermatovenerology**

**Practical lesson №9**

**Psoriasis. Lichen planus.**

**Pityriasis rosea.**

1.Give a definition of psoriasis

ICD 10- L40 Psoriasis is a genetically determined, proliferative, chronic, recurrent papular-squamous dermatosis of a multifactorial nature.

2.Specify the etiopathogenesis of psoriasis:

There are many hypotheses for the onset of psoriasis, but none of them is generally accepted.

• genetic predisposition, as indicated by the frequency of familial

 cases of disease

• immune dysfunctions

• neuroendocrine disorders

• infectious and allergic manifestations (there is a connection

 development of psoriasis with the action of an infectious factor)

• metabolic disorders

A variety of exogenous and endogenous factors determine the multifactorial nature of the disease.

3.Name the morphological elements typical for psoriasis.

Psoriasis is a monomorphic disease. The primary morphological element is an epidermal papule of pinkish-red color, rounded, with easily peeling silvery-white scales on the surface. Papules, merging and form plaques. Plaques resolve, leaving dyschromias.

4. List localizations typical for psoriasis.

 • scalp

 • extensor surfaces of the limbs

 • the area of ​​the knee and elbow joints

 • hands, feet, nails

5. Indicate which phenomena are included in the psoriatic triad.

The psoriatic triad (the Auspitz phenomenon) includes three sequential phenomena emanating from scraping psoriatic papules

• stearic stain

• terminal film

• pinpoint bleeding (blood dew)

6. Describe what pathomorphological changes explains psoriatic triad

 • the phenomenon of "stearin stain" is explained by parakeratosis (looseness

 of the horny plates)

 • the phenomenon of the terminal film - acanthosis, represented by a number

 flattened cells of the spiny layer

 • the phenomenon of "blood dew" - violation of the integrity of the capillaries papillae, close to the surface of the skin, due to papillomatosis and thinning of the Malpighian layer above the papillae.

7.Specify the clinical types of psoriasis

• psoriasis vulgaris (punctate, guttatae psoriasis, coin-shaped, annular, curly, scalp psoriasis (seborrheic), follicular, palmar-plantar, intertriginous, nail psoriasis, unilateral)

• atypical psoriasis (exudative, pustular type Zumbush / Barber, psoriatic erythroderma, psoriatic arthropathy)

8. What is the isomorphic Koebner reaction

The development of psoriatic eruptions on areas of unaffected skin exposed to irritation by mechanical and chemical agents (scratches, bites, scratching, cuts, radiation, burns) 7-8 days after exposure to the irritant.

9. List with what diseases should be differentiated psoriasis

• Pityriasis rosea

• syphilis (papular syphilis)

• superficial dermatomycosis

• lichen planus

• seborrhea.

10. What systemic drugs are used in treatment of psoriasis?

• vitamins

• immunomodulators

• hepatoprotectors

• sedatives

• antihistamines

• desensitizing drugs

• steroid drugs

• cytostatics

• anticytokine drugs

• retinoids

11.Indicate the physiotherapy treatments for psoriasis

 • UFO

 • PUVA therapy

 • photophoresis

 12.Name topical drugs used in the treatment of psoriasis

 • steroids (ointments, creams, gels, emulsions, lotions, sprays)

 • salicylic acid preparations (ointments, lotions)

 • preparations of tar, sulfur, zinc (ointments, creams, talkers, sprays)

 • topical vitamins (ointments, creams)

 • topical anticytokine drugs (ointments, creams)

 13. Define lichen planus

 ICD10: L43 LP is a chronic disease characterized by

 monomorphic rash of papules on the skin and mucous membranes.

 14. List the main theories of the etiopathogenesis of LP

 • infectious

 • neuroendocrine

 • toxic-allergic

 • immune

 • metabolic

15. Describe the primary morphological element in LP

 LP is a monomorphic disease. Primary morphological element is flat, polygonal papule of pinkish-purple or crimson red with a shiny surface and retraction in center.

 16. Describe the features of papules of LP on the mucous membranes of oral cavity.

On the mucous membranes of the oral cavity - papules are punctate, grayish-opal color, grouped in the form of rings, net, lace or merging into flat, leukoplakia-like plaques.

17. What is the typical localization of LP?

• flexion surface of the forearms

• the area of ​​the wrist joints

 • inner thighs

 • extensor surface of the legs

 • oral mucosa

 18. List the clinical forms of LP

• hypertrophic

 • atrophic

 • bullous

 • moniliform

 • zosteriform

 • lichen planopilaris (acuminatus)

 • annular

 • linear

 • pigmetosus

 • ulcerative

19. List the forms of LP with localization on the mucous membrane

of oral cavity

 • erosive and ulcerative

 • exudative-hyperemic

 • bullous (pemphigoid)

 20. Describe the clinical diagnostic test for LP.

 Wickham's symptom - appears as opal-white or grayish stripes and dots arranged in a grid. Grid becomes more noticeable if the surface of the papules is moistened with water or oil.

 21.Name, what pathohistological changes in the epidermis with LP explains “Wickham striae”.

This is due to granulosis. Granulosis is a thickening of the granular layer.

22. What are the criteria for distinguishing lichen planus from other dermatoses?

 • anamnesis

 • clinical features (typical color and shape of rashes, “Wickham striae”, characteristic localization of lesions)

 • biopsy data (moderate hyperkeratosis, uneven granulosis, vacuolar degeneration of basal cells, epidermal processes in the form of a “saw”, strip-like lymphocytic infiltrate in the dermis)

 23. Name the diseases which LP is differentiated with.

 • psoriasis

 • syphilis (papular syphilis)

 • lupus erythematosus

 • leukoplakia

24. What are the criteria for differentiation of LP and leukoplakia on mucous membranes?

 With leukoplakia, in contrast to LP, keratinization is noted in the form of solid grayish-white plaque, not patterned character lesions, and there are no skin rashes.

25. Distinguish oral LP from Lupus erythematosus (LE).

The lesion focus in LE is hyperemic and infiltrate. Hyperkeratosis is present only within the focus of inflammation in the form tender points, short stripes,sometimes merging along the edge of the lesion into the form of stripes and arcs; in the center of the focus - atrophy, which is not observed in LP.

26. Indicate systemic drugs used in the treatment of LP

 • antibiotics

 • desensitizing drugs

 • sedatives

 • vitamins

 • antihistamines

 • steroids

27. Define Pityriasis rosea.

 ICD-10: L44 Pityriasis rosea - erythematous-squamous dermatosis presumably of infectious and allergic origin.

 28. What time of year is Pityriasis rosea more common?

 Spring-autumn time.

 29. Why do you think the infectious factor is regarded as one of the causes of Pityriasis rosea?

The disease begins suddenly with the appearance of a herald patch (plaque), often after tonsillitis, acute respiratory infections, flu. Sometimes the Pityriasis rosea is accompanied by a violation of the general condition. After 7-10 days the rash begins to spread throughout the body.

30. Describe the clinical picture of Pityriasis rosea

 The process is monomorphic, usually symmetric. Localization – skin of trunk, rarely limbs. The disease starts suddenly with a cyclical rash in the form of erythematous -squamous spots resembling "medallions" located in parallel Langer's lines (skin cleavage lines). An initial single annular erythematous patch with a collarette of scale – the‘herald patch’, as a rule, is larger than other items.

31. List the atypical forms of Pityriasis rosea

 • papular

 • urticarial

 • vesicular

32.Specify the criteria for differential diagnosis of Pityriasis rosea with superficial dermatomycosis

 • presence of a herald plaque

 • the presence of "medallions"

 • location of the rash along the lines of Langer

 • negative results of mycological examination

33. Make a differential diagnosis of Pityriasis rosea and psoriasis

 • the nature of the rash - erythematous-squamous spots (with psoriasis -

 papular-squamous elements)

 • presence of a herald plaque

 • the presence of "medallions"

 • location of the rash along the lines of Langer

 • absence of the psoriatic triad

34. Justify the appointment of antihistamines for Pityriasis rosea

 Pityriasis rosea is accompanied by itching.