

# Psoriasis



## What is psoriasis?

Psoriasis is a chronic skin disorder affecting one percent of the U.S. population and is characterized by red, scaly sores. In patients with psoriasis, the top layer of skin cells (epithelial cells) grow at an increased rate, causing skin cells to pile up on the surface of the skin. The sores (or lesions) vary in size and often are thick and red with silvery scales. Occasionally, lesions of psoriasis can itch or be tender. They are commonly found on elbows, knees and the lower back, but can also affect other parts of the body, such as the scalp, palms, soles and nails. Rarely, the entire body can be involved. Psoriasis may also affect joints, causing arthritis.

## Who gets psoriasis and why?

Psoriasis primarily occurs in adults and tends to run in families, suggesting a genetic predisposition. Men and women are equally affected.

Psoriasis is a disorder of the immune system involving the T cell, a type of white blood cell normally protecting the body against infection and disease. In patients with psoriasis, T cells are diverted to other activities in error, producing an immune response that leads to the increase in skin turnover and resulting in the characteristic red, scaly lesions. The course of the disease typically includes alternating periods of severity, often improving in the summer months with ultraviolet exposure (from the sun) and warm weather, while worsening in the winter months. Other factors that may make psoriasis flare (worsen) include stress, certain infections or medications.

## How is psoriasis diagnosed at the lab?

The appearance of psoriasis often is typical and characteristic; however, some cases of psoriasis may closely resemble other skin diseases. Therefore, a

healthcare provider may need to take a small sample of skin to be examined under a microscope by a pathologist, preferably one with a subspecialty in dermatologic pathology (dermatopathologist), to distinguish psoriasis from other skin diseases.

At Inform Diagnostics, all of the pathologists have further specialized in their specific field of practice, such as dermatopathology.

The pathologist interprets the findings under the microscope in the context of the clinical information provided by the healthcare provider. Some cases require additional tests, such as special stains or other studies.

At Inform Diagnostics, difficult and unusual cases are reviewed together by our specialists at large multi-headed microscopes to ensure the most accurate and definitive diagnoses.

The pathologist creates a

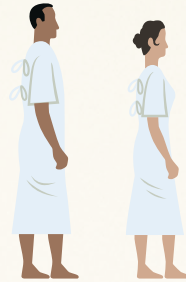
pathology report with all the important findings, including critical information to help guide treatment and assess prognosis, which is sent back to the healthcare provider.

## How is psoriasis treated?

Treatment depends on several factors, including:

- the severity and extent of the disease
- the size of the lesions
- the type of psoriasis
- the patient's response to therapy in the past

Treatments vary in effectiveness between patients—what works for one patient may not work for another. Healthcare providers often must try several treatments to see which works the best. The effectiveness of a treatment also may lessen or a bad reaction may occur, necessitating a change in therapy.





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The most common forms of treatment include:

**Topical**—Lotions, creams and ointments applied directly on the skin often are the first type of treatment suggested by healthcare providers. Topical treatments can reduce cell turnover and skin redness, suppress the immune system, and help exfoliate (peel) the skin. Bath solutions also may help and often are used in combination with other topical treatments.

**Light Therapy**—Natural ultraviolet (UV) light from the sun and artificial UV light are used to treat psoriasis. Photochemotherapy, otherwise known as PUVA, combines UVA light and a drug taken internally to make the skin more sensitive to light.

**Systemic Therapy**—If the condition is severe or the above therapies have failed, a healthcare provider may choose to treat psoriasis with an injectable medication. New immune-system-modulating drugs are very promising in treating severe psoriasis.

**Combination Therapy**—Healthcare providers may suggest combining topical, UV and systemic therapies, allowing lower doses of each. Combination therapy also

may lead to better responses.

More is being learned about psoriasis through studies of the immune system and genetics, as well as newer treatments involving immune system regulation and advanced light treatments, such as laser.

## Learn more!

These resources provide more information about psoriasis and associated risks:

[www.psoriasis.org/talk-psoriasis](http://www.psoriasis.org/talk-psoriasis)

The world's largest online support community of people impacted by psoriasis or psoriatic arthritis, sponsored by the National Psoriasis Foundation.

[www.psoriasisnetwork.org](http://www.psoriasisnetwork.org)

Psoriasis Network Support Organization is a 501(c)(3) non-profit health agency that aims to drive research and public awareness about psoriasis and psoriatic arthritis.

[www.psoriasis.com](http://www.psoriasis.com)

Informational articles about psoriasis and treatments, doctor listings, patient advocacy programs, and more.

This material is intended for patient education and information only. It does not constitute advice, nor should it be taken to suggest or replace professional medical care from your healthcare provider. Your treatment options may vary, depending upon medical history and current condition. Only your healthcare provider and you can determine your best option.

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Inform Diagnostics continuously improves diagnostic precision through a unique consensus approach, rigorous quality assurance, comprehensive expertise, ongoing education and research, and close relationships with clinician clients.



Find more patient information and resources on our website at [www.InformDiagnostics.com](http://www.InformDiagnostics.com).