



CASE REPORT ON CHRONIC PSORIASIS VULGARIS

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ABSTRACT

Psoriasis is not an infectious disease. It is a insusceptible and interceded illness that influences on skin, which is usually a long lasting condition. The term Psoriasis is termed from Greek language which can be explained as psora means – “tingle” and sis means - “activity or condition”, thus, psoriasis is harshly tingling condition of the skin. There is no complete cure for the condition, however it can be largely controlled. Different types of psoriasis are seen which include plaque, pustular, erythrodermic, guttate and opposite. A 75 years old male patient was brought to hospital with complaints of raised lesions on both the legs from 6 months with on and off fever. Patient has history of raised scaly lesions on both the legs, trunk and upper limbs since 6 months, fever which is high grade and reduces with use of medication, swelling of both the legs, which gradually decreases in the morning. Work needing mental stability should not be done after taking the medicine. It should be taken once in the night, T. Udiliv:It is a liver enzyme. It should be taken once daily, Inj. Decadron: it is a glucocorticoid. It has anti inflammatory action. It should be taken once daily.

INTRODUCTION

Psoriasis is not a infectious disease. It is a insusceptible and interceded illness that influences on skin, which is usually a long lasting condition. The term Psoriasis is termed from Greek language which can be explained as psora means – “tingle” and sis means - “activity or condition”, thus, psoriasis is harshly tingling condition of the skin[1]. There is no complete cure for the condition, however it can be largely controlled[2]. Different types of psoriasis are seen which include plaque, pustular, erythrodermic, guttate and opposite. Expanded danger of stroke has been reported from Psoriasis, for treating high lipid levels which may accelerate changes. Psoriasis is a over production of new skin cells which happens to occur when the resistant framework mixes up with ordinary skin unit for a pathogen and results in broken skin[3]. Plaque psoriasis is most commonly seen type of psoriasis which is use of medication, swelling of both the legs, which gradually decreases in the morning. Patient had a history of

characterized with white shades of layered fixes present on the top first layer of the epidermis. Some may not show any dermatological signs and symptoms. Shimmering white skin is present in plaque psoriasis[4]. Skin in the parts of elbow, knees scalp, palms of soles of feet and hands, and in the private parts are usually seen to be affected with psoriasis. It is reported that about 10% to 30% of individuals with psoriasis additionally present with psoriatic joint pain, which is un-understandable[5].

CASE STUDY:

A 75 years old male patient was brought to hospital with complaints of raised lesions on both the legs from 6 months with on and off fever. Patient has history of raised scaly lesions on both the legs, trunk and upper limbs since 6 months, fever which is high grade and reduces with one episode of plaques since one year and a similar history of episode 20 years back, which shown exacubation in

summer and used medication which included oral and topical use for the same and cured completely. Patient has no history of photosensitivity and joint pain and not a known case of dental caries, foci, infection, diabetes, TB, BA, epilepsy and hypertension.

DERMATOLOGICAL EXAMINATION:

Scalp: Senile canitis

Face: Normal

Multiple hyper pigmented scaly plaques of varying sizes on trunk, back, both upper limbs, huge plaques on both the lower limbs and hands.

Coming to lab investigational reports, the patients was diagnosed to have psoriasis and also diabetic with 141 mg/dl Fasting blood sugar levels and 202 mg/dl Post Prandial Blood Sugar levels. SGOT reports also revealed increased levels with 76 U/L, hence patient was diagnosed with abnormal liver condition, which is given in the table 1.

Table 1: Lab Investigational Reports

| PARAMETER | VALUE | NORMAL RANGE |
|------------|--|---|
| PCV | 36.8 % (↓) | 41-59 % |
| DC | P _{72.2} L _{25.7} E _{0.8} M _{1.2} B _{0.1} | P ₄₀₋₇₀ L ₂₀₋₄₀ E ₁₋₆ M ₂₋₁₀ B _{<1} |
| FBS | 141 mg/dl (↑) | 70 – 110 mg/dl |
| PPBS | 202 mg/dl (↑) | 80 – 140 mg/dl |
| SGOT (AST) | 76U/L (↑) | 15-37 U/L |

Table 2: Therapeutic Approach Plan to the Patient for Psoriasis Vulgaris:

| S.No. | Drug | Dose | ROA | Frequency | Duration |
|-------|--|--------|-----|-----------|----------|
| 1. | Inj. Ciplox (Ciprofloxacin) | 200 mg | IV | BD | 7days |
| 2. | Inj. Flagyl (Metronidazole) | 500 mg | IV | BD | 7days |
| 3. | Inj. Linnox (Amoxicillin) | 600 mg | IV | BD | 7days |
| 4. | T. Avil (Fexofenidine) | 4 mg | P/O | HS | 7days |
| 5. | T. Udiliv (liver enzyme) | 1 tab | P/O | OD | 7days |
| 6. | T. BCT/FST (B.complex, ferrous sulphate) | 1 tab | P/O | OD | 7days |
| 7. | T.Para (Paracetamol) | 500 mg | P/O | STAT | 7days |
| 8. | Flucanazole cream | | L/A | TDS | 7days |
| 9. | Inj. Deca(Dexamethasone) | 1cc | IV | OD | 7days |

Figure 1: Psoriasis vulgaris over hand



DISCUSSION:

Patient was started with therapeutic medicines like Inj. Ciplox: it is an antibiotic. It is used in treatment of infections. It should be taken once in the morning and once in the night. Inj. Flagyl: It is an antiprotozoal or antibacterial agent . It should be taken twice daily, Inj. Linnox: It is an anti microbial agent. It should be taken twice daily, T. Avil: It is a alkilamine derivative with H1 receptor antagonistic property. It is also a sedative agent.

Work needing mental stability should not be done after taking the medicine. It should be taken once in the night, T. Udiliv: It is a liver enzyme. It should be taken once daily, Inj. Decadron: it is a glucocorticoid. It has anti inflammatory action. It should be taken once daily. Which is given in the Table 2.

CONDITION:

Patient was advised to not to take any OTC medication without consulting a doctor, follow good diet with excess fresh fruit intake. Thus, appropriate regular

checkup to the doctor and adherence to the medication is always mandatory to eradicate and prevent skin allergies.

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