

PSORIASIS

1. Layers of the Skin
 - a. Epidermis: Protective layer that contains melanocytes and Langerhans cells (involved in immune response)
 - b. Dermis: Provides structural support with collagen and elastin.
 - c. Hypodermis: Cushioning layer and insulation.
2. Pathophys of Psoriasis: Chronic autoimmune disorder characterized by rapid turnover of skin cells ◇ thick, silvery scales and red patches that are itchy and painful.
 - a. T cells become overactive and attack healthy skin cells.
 - b. Plaque Psoriasis: Most common. Red, raised patches with silvery/white scales.
 - i. Usually on elbows, knees, back, scalp
 - c. Inverse Psoriasis: In skin folds (armpits, under breasts). Usually smooth, red patches.
 - d. Guttate Psoriasis: Starts in childhood and is small, teardrop-shaped lesions on the trunk, limbs, and scalp.
 - i. Usually triggered by bacterial infections.
 - e. Pustular Psoriasis: Rare. Pus-filled blisters surrounded by red, inflamed skin.
 - f. Erythrodermic Psoriasis: Rare. Widespread, fiery redness, and shedding of the skin.
 - i. Can be life-threatening.
3. Risk Factors for Psoriasis
 - a. Genetics
 - b. Immunocompromised
 - c. Environmental triggers (cold, dry weather) or infections (strep or skin)
 - d. Obesity
 - e. Smoking
 - f. Meds (lithium, BBs, and antimalarial)
 - g. Stress
4. CMs of Psoriasis
 - a. **Raised, red patches**
 - b. **Silvery scales**
 - c. Dry, cracked skin
 - d. Itching/burning

- e. Thickened, pitted, or ridged nails
 - f. Psychological impact (self-conscious)
5. Psoriatic Arthritis CMs
- a. Joint pain/stiffness (especially in AM)
 - b. Swelling/warmth
 - c. Joint inflammation
 - d. Nail changes
 - e. Enthesitis (inflammation where tendons/ligaments attach to bones)
 - f. **Dactylitis (sausage digits)**
 - g. Fatigue
 - h. Eye inflammation
6. Diagnosis/Tx of Psoriasis
- a. **Topicals**—Corticosteroids, Vit D analogs, retinoids, and calcineurin inhibitors.
 - b. Phototherapy
 - c. Systemic meds—Retinoids, methotrexate, cyclosporine, and biologics
 - d. Avoid triggers

ROSACEA

1. Normal Physiology of Skin
 - a. Barrier to prevent pathogens from entering
 - b. Inflammation that attracts other immune cells to the site of injury and to eliminate pathogen.
 - c. Adaptive immune response: dendritic cells in skin capture pathogen and present to T cells to trigger immune response.
2. Pathophys of Rosacea: a chronic inflammatory skin disease that primarily affects the face.
 - a. Genetic predisposition
 - b. Immune dysfunction (particularly innate immune system)
 - c. Vascular abnormalities: Dilation and increased permeability
 - d. Inflammatory mediators: Cytokine and chemokines promote inflammation.
 - e. Microbial factors: Demodex mites and certain bacteria have been shown to dev't rosacea through triggering immune response in skin.
 - f. Trigger factors: Sun, heat, spicy food, alcohol, and meds.
3. Risk factors