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UNILATERAL PSORIASIS

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Unilateral distribution of psoriasis lesions was observed in a boy aged 15 years involving the right half of body.

Key words: Psoriasis, Unilateral.

Psoriasis has several common variants like flexural, intertriginous, palmo-plantar, napkin, follicular and ungual types, and many atypical localisations like digital, interdigital, and glove and stocking distribution.[1] But psoriasis involving one half of the body has not been mentioned in text books or in the Indian literature. We report a case having unilateral psoriasis.

Case Report

A 15-year-old male child was developing recurrent, multiple, erythemato-scaly skin lesions on the right side of the body off and on for the last five years. The lesions used to subside to an extent and sometimes completely, with or without treatment. The present episode was of two months duration. There was no family history of similar lesions and no significant findings on general and systemic examination. Majority of the lesions were linear and involved the right upper and lower extremities, right half of the trunk and a few plaques on the right half of scalp. The lesions had adherent silvery white scales, removal of which showed bleeding points. Nails of the right hand and feet showed pitting and linear dystrophy. There was no mucosal involvement or any evidence of arthropathy.

Routine haematological examination and urinalysis were within normal limits. Histopathological examination revealed hyperkeratosis, irregular acanthosis, parakeratosis, epidermal microabscesses, thinning of the suprapapillary epidermis, enlarged and broad rete ridges and upward projecting papillae, confirming the diagnosis of psoriasis.

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Comments

Genetic[2] and environmental[3] factors play a definite role in the genesis of psoriasis and trauma or chronic inflammation seem to determine the localisation of lesions on the elbows, knees, pretibial surface and on the palm and soles (trauma) and on the scalp, axillae and ano-genital region (maceration). Isomorphic phenomenon has been held responsible for some of the clinical variants especially those with linear lesions. In the present case, isomorphic phenomenon is unable to explain the unilateral distribution on the right half of the body. Concomitant evolution of nevus unius lateris and psoriasis circumscribed to the areas of nevus has been reported[4] but complete disappearance of some of these lesions spontaneously or with treatment in our case rules out the possibility of a similar association. Factor(s) leading to the unilateral distribution remain enigmatic.

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