

OCULAR LESIONS IN PSORIATICS

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Ninety psoriasis patients without arthropathy were subjected to complete ocular examination, to determine the incidence of eye symptoms. Various ocular lesions observed included, trachoma 32 (35.5%), squamous blephritis 18 (20%), and cataract 7 (7.7%). These were considered coincidental associations. Uveitis was not seen in any case.

Key words: Ocular changes, Psoriasis.

Various types of ocular lesions in the form of blephritis, conjunctivitis, symblepharon, trichiasis, keratitis and cataract have often been found to be associated with psoriasis.¹⁻³ Uveitis has also been rarely observed in patients with psoriatic arthropathy.^{3,4} The present study was undertaken to determine the incidence of ocular lesions in psoriatics.

Materials and Methods

A total of 90 psoriatics were subjected to complete ocular examination inclusive of biomicroscopic examination.

Results

There were 69 males and 21 females. Fifty patients were in the age group of 21-40 years, though the age range was 6-68 years.

Seventy one (78.8%) patients showed different types of ocular lesions (Table I).

Table I. Ocular findings in patients having psoriasis

Eye findings	Number (Percentage) of patients
Conjunctivitis	12 (13.3)
Blephritis	18 (20.0)
Pterygium	9 (10.0)
Trachoma	32 (35.5)
Corneal opacity	6 (6.6)
Cataract	7 (7.7)
Uveitis	—

Comments

Various stages of trachoma were seen in 32 (35.5%) patients. This seems to be a coincidental association as trachoma has been reported to be prevalent in more than 50% of the normal population of this part of the country.⁵ Squamous blephritis seen in 18 (20%) patients is also in conformity with the study of Keldeck.² Six of the 7 patients having cataract were above 60 years of age, and the cataract was of senile type. The incidence did not differ from that in the normal population of the same age group as also reported by Catsarou-Catsari et al.³

Uveitis recently reported in some of the patients with psoriatic arthropathy,^{3,4} was not seen in any of our patients because none of our patients had psoriatic arthropathy.

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Thus it seems that the ocular involvement seen in psoriatics may be coincidental.

References

1. Baker H and Wilkinson DS: Psoriasis, in: Text Book of Dermatology, 3rd ed, Editors, Rook A, Wilkinson DS and Ebling FJG: Blackwell Scientific Publications, Oxford, 1979; pp 1315-1368.
2. Keldeck R: Ocular psoriasis, Arch Dermatol (Suppl), 1953; 68: 44.
3. Catsarou-Catsari A, Katsambas, Theodoropoulos P et al: Ophthalmological manifestations in patients with psoriasis, Acta Dermato-Venereol (Stockh), 1984; 64: 557.
4. Engleman EG and Engleman EP: Ankylosing spondylitis, recent advances in diagnosis and treatment, Med Clin N Amer, 1977; 61: 2.
5. Duke-Elder SS: Trachoma, in: Text Book of Ophthalmology, Vol VIII, Henry Kimtom, London, 1965; p 262.