

DEVELOPMENT OF PSORIASIS IN AREAS OF VITILIGO

By

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Psoriasis, a chronic inflammatory disease of skin, remains a fascinating enigma to the dermatologist. Although the disease was recognised early by workers in dermatology, its aetiology remains a riddle of Sphynx till to-day. Despite the ease with which the diagnosis may be made and even despite the characteristic nature of the eruption, we have unfortunately come little closer to understanding of its causative factors than were ten years ago.

One of the distinctive yet tantalizing facets of the riddle of psoriasis is the observation that at times the localization of the disease can be experimentally produced or provoked. The scholars of dermatology knew this over 100 years ago, Yet it was Koebner in 1872 who first wrote convincingly of the phenomenon of local production of psoriatic lesions and this has been inseparably linked with this observation. In its simplest form the Koebner phenomenon appears as a delayed scaling inflammatory psoriasis-form lesion at the exact site of trauma.

This has suggested to many that a circulating noxa or a virus is released in the skin but to others the concept of a local metabolic disturbance is a compelling one. The elicitors of the Koebner response may be external stimuli such as scarification, electro-dessication and tape stripping. Clinically the following stimuli have also been known to precipitate the Koebner response. These include insect bites, burn, excoriation, surgical incision, pressure from belt truss, zoster, vaccination and vitiligo (1958).

Recently we have come across one case of psoriasis developing in areas of vitiligo. On going through the literature only one case of similar condition has been reported in literature (1932) by Troxell E. C. Walter B Shelley in his Rausch Kolb memorial lectures has included vitiligo in the list of clinically eliciting agents of Koebner response in psoriasis,

To the best of our knowledge no case has been reported in our country. Hence we consider it worthwhile to present this case.

Case Report. Patient X, aged 52, a farmer came to us with erythematous squamous lesions overlying vitiligo patches for the last 12 years. He had vitiligo patches since 15 years and these had by now spread over all the parts of the body.

About 12 years back the patient noticed paular eruption developing over a few of the vitiligo patches and this was itchy in character. While removing the scales during scratching he used to cause bleeding. His clothes were spotted with

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blood when reported to us. Later on these papulo-squamous lesions spread to other patches and appeared even on the non-vitiligo areas. The patient felt better in summer and was worse off in winter.

Past history, personal history and family history were of no consequence,

Local Examination. Patches of vitiligo of different shapes and sizes over all the regions of body. These were bilateral in distribution and involved scalp and lip. The patches were surrounded by hyperpigmented borders

Erythemato-squamous lesions were present over back & feet on the vitiliginous areas.

Discrete circumscribed erythemato-squamous lesions over elbows, scalp and a few isolated lesions sparsely distributed over rest of the body.

Auspitz sign + ve (positive). Nails showed pitting. Mucous Membrane

Lips showed areas of depigmentation. Hair : No abnormality.

Investigations :

1. Blood TLC 8400/Cmm DLC Polymorph 67% Lymphocyte 27%; Monocyte 3% Eosinophil 3% Haemoglobin 15G ESR 30 mm 1st hour 2. Stool No. abnormality 3. Urine No abnormality.

Biopsy : 1. Changes suggestive of Psoriasis. 2. Changes compatible with vitiligo.

Discussion. Eliciting agents of Koebner response in psoriasis include a variety of clinical conditions already enumerated. The lesions of psoriasis first developing in areas of vitiligo in this patient seem to have developed as Koebner response. Dr. Walter B. Shelley while reviewing 500 papers on psoriasis in his lecture has listed vitiligo as one of the clinical eliciting agents of Koebner response in psoriasis. However, such rare variations which have sometimes been noted in psoriatic lesions can only be finally interpreted when we understand which changes are secondary and which are primary to the development of lesions themselves.

Summary. A case of psoriasis developing in areas of vitiligo is presented with the possibility of vitiligo acting as an eliciting agent of Koebner response.

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