

CLINICAL PATTERN OF PSORIASIS IN PUNJAB

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Psoriasis is a chronic inflammatory disease of the skin. Although this disease was recognised early by workers in dermatology, its etiology remains undiscovered until today. There is a belief that this disease is rare in the tropical countries but this is incorrect. The clinical pattern of the disease has been reported from India by Lahiri² (1956) Ambadi et al¹ (1961) and Sharma and Sepaha⁵ (1964). The object of present paper is to report the clinical pattern of Psoriasis in Punjab.

MATERIAL AND METHODS

The material presented in this paper is based on the study of twenty-five cases of psoriasis out of 320 cases of this disease who attended the Department of Skin & V. D. of V. J. Hospital, Amritsar during the years 1961 and 1962. The total attendance of the department during these years was 25,600. All the twenty-five patients were admitted in the skin diseases ward and subjected to detailed history taking, physical examination and investigations including histological study.

OBSERVATIONS

1. *Incidence* :—The incidence of this disease works out to be 1.25% of the total attendance of the Department during the years 1961 and 1962.

2. *Age* :—The patients can be divided into following age groups :—

Age in years	No. of cases	% age of cases
Below 10	2	8
11 — 20	7	28
21 — 30	7	28
31 — 40	2	8
41 — 50	3	12
Above 50	4	16
Total	25	100

Majority of these cases were between the ages of 11 and 40 years. The eldest and the youngest patients included in the study were of 72 years and 8 years respectively, though the youngest patient of this disease seen during the period was $1\frac{1}{2}$ years old.

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3. *Age of onset* :—The age of onset of the disease is given in table below :—

Age in years	No. of cases	% age of cases
Below 10	4	16
11 — 20	8	32
21 — 30	5	20
31 — 40	1	4
41 — 50	5	20
Above 50	2	8

Majority of cases had onset of the disease in second decade of life.

4. *Sex* :—The distribution of the cases according to sex is as under :—

Present Study	Total Cases
Males 18	216
Females 7	104

Thus male to female ratio is about 2 : 1

5. *Occupation* :—Out of 25 cases 6 were housewives, 4 students, 2 farmers, 3 labourers, 2 businessmen, 1 schoolteacher, 1 fireman, 1 barber, 1 machinist, 1 clerk and 3 jobless.

6. *Family History* :—Positive family history of the disease was present in 3 out of 25 patients (12%).

7. *Seasonal Variations* :—Seasonal variation was a feature in 16 out of 25 cases of this study, the disease being less severe in summer and worse in winter.

8. *Aggravating Factors* :—Besides the above mentioned effect of climate, there was no evidence to suggest any other aggravating factor except in one case of acute guttate psoriasis in which the onset of the first attack of eruption was preceded by sorethroat.

9. *Itching* :—Incidence of itching is given below :—

Itching	No. of Cases	% age
Severe	4	20
Moderate	8	32
Mild	6	24

Itching was a feature in 21 out of 25 cases. In 4 cases, it was the main complaint and was so intense as to disturb their sleep and rest. In 8, it was complained of but was of a moderate intensity only. The remaining cases did not volunteer this complaint but was elicited on direct questioning :—

10. *Skin Eruption* :- a) *Distribution* :-The lesions presented by these cases were quite extensive and wide-spread except in one case in whom they were confined to extensor surface of both legs.

b) *Type* :-The lesions were of punctate or guttate variety only in three cases. In remaining 22 cases, they were of mixed type i.e., they were punctate, guttate, discoid, circinate, gyrate and annular plaques of varying sizes. Dominant lesions in 14 of these cases were big squammo-erythematous plaques while the remaining 8 cases exhibited guttate and punctate lesions as well as big squammo-erythematous patches, more or less in equal proportions.

c) *Site of onset* :-Nine cases did not remember the exact site of onset of the eruption. In 12 it was scalp, and in 4 extensor surfaces of elbows and knees.

d) *Involvement of different sites* :-Incidence of the involvement of different regions in these cases was as under:-

Site	No. of cases	% age of cases
Scalp	22	88
Face	9	36
Trunk	4	18
Upper extremity	21	84
Lower extremity	24	96
Palms and soles	1	4

11. *Mucous Membrane involvement* :-Mucous membranes were not involved in any of these cases.

12. *Nail Involvement* :-Although most of the cases studied showed extensive and wide-spread skin lesions, the nails were found to be involved in 5 cases only (20%). Pin-point stippling of the nail-plate was present in 3 cases. In one of these three cases stippling was accompanied by destruction of distal portion of the nail-plate. Sub-ungual hyperkeratosis was present in 2 cases. In one of these 2 cases with Sub-ungual hyperkeratosis nail-plate was discoloured, opaque, ridged and uneven with destruction of its distal portion while in the other case, it was just opaque and brownish black in colour.

13. *Joint involvement* :-None of the cases included in the present study showed joint involvement, but 8 out of 320 cases of psoriasis seen in the out-patient department during the years 1961-62 showed joint involvement. The joint involvement was mainly of small joints.

DISCUSSION

Psoriasis has been found to be only 1.25% of all the cases attending Skin and V. D. Department of the Hospital. This figure is lower than that of Ambadi et al¹ (5.6% in India), of Sequira⁴ (5% in England), of Ormsby³ (4% in U.S.A.) and Lahiri² (3% in India). Sharma and Sepaha⁵ (1964) reported incidence of only 0.84% of all the

skin disease cases attending M.Y. Hospital Indore. Our figure may not be representative of the actual incidence because many patients with milder manifestations do not attend the hospital and in our calculation patients suffering from venereal diseases are also included.

The sexes are said to be affected equally but in our series male to female ratio is 2:1. Its lower incidence in females in our series may be due to the fact that quite frequently this disease occurs primarily on the waist, buttocks and extensor aspects of the extremities, without causing troublesome symptoms and as such females like to keep it hidden rather than seek medical advice.

The commonest age of onset is said to be 5-15 years. In our series age of onset varied from 1½ year to 52 years with the highest incidence in the age group 11-20 years.

Twelve out of 25 cases of our series complained of moderate to severe itching. Itching, if at all present is said to be mild in cases of psoriasis. Sharma and Sepaha⁵ observed severe itching in cases of Psoriasis with secondary infection but in our series there was no clinical evidence of secondary infection in lesions. As such it is suggested that the presence of itching in cases having other typical features of psoriasis should not be given much weight in deciding diagnosis.

Occupation did not appear to play any definite part in the causation of the disease.

Heredity is believed to be a feature in aetiology and familial incidence occurs in about 30% of cases. In our study family history was present in 12% cases.

SUMMARY

1. Detailed clinical observations on 25 cases of psoriasis are reported and discussed.
2. Presence of moderate to severe itching in a good percent-age of cases is stressed.

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