

## CHRYSOTHERAPY IN PSORIASIS

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Efficacy of oral gold was assessed in 23 patients with psoriasis of various types with excellent or good response in 14 patients (60%) whereas patients belonging to the age group of 11-20 years showed beneficial response in 10 out of 12 patients (83%). None of the patients experienced any side effect. It was concluded that oral gold (6mg/day) for 3 to 6 months can be used as an alternative therapy in psoriasis especially in younger age group.

**Key Words : Psoriasis, Children, Auranofin**

### Introduction

Auranofin is a unique oral chrysotherapeutic agent for suppression of inflammation and immune mechanisms.<sup>1</sup> It has been found to be effective in various dermatological disorders eg, pemphigus and discoid lupus erythematosus because of its possible mode of action through inhibition of sulfhydryl systems, prostaglandin activity, lysosomal and other enzymic activity, interference with complement activation and maturation and function of mononuclear phagocytes.<sup>2</sup> Oral gold is better tolerated than injectable gold compounds. Its efficacy in psoriatic arthropathy<sup>3-5</sup> prompted us to study its role in patients with psoriasis of various types in different age groups.

### Materials and Methods

Twenty three patients with various types of psoriasis were selected (Table I). Detailed history was recorded with particular reference to the duration and distribution of the lesions and to exclude any systemic disease. General physical and sytemic examination was conducted to detect any other associated abnormalities. Clinical scoring of plaques of psoriasis was done in terms of erythema,

**Table I.** Age and sex distribution of the patients

Age (Years)	Sex		
	Male	Female	
11-20	6	6	12
21-30	2	3	5
31-40	3	-	3
41-50	2	1	3
Total	13	10	23

induration and scaling. Each clinical sign was graded from 0 to 3, and these scores were added, the maximal possible score being 9.<sup>6</sup> Laboratory investigations including routine counts, liver function tests, kidney function tests and blood sugar were done at the start of therapy. Patients were given auranofin in the dosage of 6 mg daily for a period of 6 months. Clinical and investigative reassessment was done at monthly intervals. Degree of response was graded as excellent, good and poor depending upon the decrease in overall score in each patients as follows : A decrease in clinical score by more that 75% was considered as excellent response and a decrease by 50-75% was considered as good response, whereas decrease in clinical score of less than 50% or no change in the score was considered as poor response.

### Results

Fourteen out of 23 patients showed

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**Table II.** Clinical classification of psoriasis and its response to treatment

Classification of psoriasis	Total	Excellent	Good	Poor	Worsening
Psoriasis vulgaris	17	3	6	4	4
Palmoplantar psoriasis	2	1	-	1	-
Guttate psoriasis	2	2	-	-	-
Psoriasis scalp	1	1	-	-	-
Exfoliative dermatitis (cause psoriasis)	1	-	1	-	-
<b>Total</b>	<b>23</b>	<b>7</b>	<b>7</b>	<b>5</b>	<b>4</b>

**Table III.** Age distribution of psoriasis and its clinical response to treatment

Age group (years)	Total	Excellent	Good	Poor	Worsening
11 - 20	12	6	4	1	1
21 - 30	5	1	2	1	1
31 - 40	3	-	1	2	-
41 - 50	3	-	-	1	2

excellent or good response (Table II). Patients in age group of 11-20 years showed better response as compared to other age groups (Table III). On the other hand, 5 patients showed poor response to therapy and worsening was seen in 4 patients. None of the patients experienced any side effect.

**Discussion**

Psoriasis presents great difficulty in treatment because of its unpredictable course characterised by frequent relapse and remission. It is also commonly seen in children.<sup>7</sup> Various modes of topical and systemic therapies have been described in the past. Auranofin has been found to be effective in psoriatic arthritis.<sup>8-10</sup> Oral gold has been reported to be better tolerated than injectable gold compounds due to decreased severity and incidence of gastrointestinal disturbances manifesting as diarrhoea.

In the present study, 14 out of 23 patients of psoriasis of various types showed excellent to good response with oral gold administered over 3 to 6 months. The

assessment of mean clinical score in psoriasis showed a gradual decline over a period of 6 months after an initial latent period of 4-8 weeks (Fig. 1). Majority of patients belonging

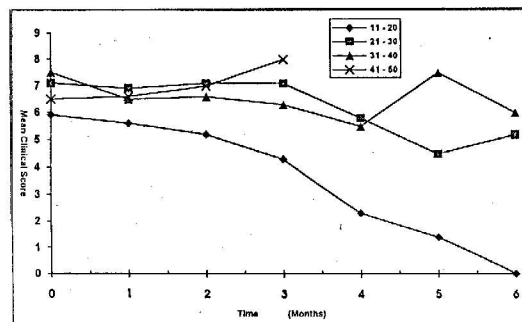


Fig. 1. Effect of gold on clinical score in psoriasis.

to the age group of 11-20 years showed better response to therapy as compared to patients in other age groups. None of the patients experienced any side effects. Oral gold offers a good alternative means of therapy especially in younger age group where all unwanted side effects of corticosteroids and other therapies can be avoided.

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