

## CASE REPORT OF PSORIASIS WITH PHEUMATOID ARTHRITIS WITH POLYNEURITIC LEPROSY.

By

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Psoriasis is a common chronic disease seen in dermatology practice. It appears that between 1 to 2 per cent of all persons have lesions of psoriasis during their life time, though most of them have minimal lesions, as never to cause any difficulty. Though much research work has been done, still the etiology of psoriasis remains obscure. Arthritis will be noted in 1 per cent of psoriatic patients. Hands and feet are most frequently involved with minimal bony changes, and residual deformity. In general, arthritic changes, are most frequent and severe, with extensive involvement of skin by psoriasis particularly of the exfoliative type. The nail changes are likely to be particularly severe, if there is associated arthritis of terminal-joints. Arthritis due to other causes can also occur in psoriasis, when differentiation from psoriasis arthropathy becomes difficult, particularly if small-joints are involved.

*Case Report:* A male of 4 years age, married, vegetarian reported to the Out-patient Department of Government General Hospital, Kurnool (Andhra Pradesh) on 1-5-1957 with a complaint of joint-pains and scaly lesions all over body of 2 weeks duration.

*Past History:* In 1959, he had slightly itchy scaly lesions all over the body including scalp, and metacarpo and interphalangeal joint-pains of left middle-finger. It was diagnosed as psoriasis arthropathy and treated in Christain Medical College Hospital, Vellore.

In 1962 he had a relapse of skin and joint lesions. This time right sterno-clavicular joint was also involved. In addition, atrophy of small muscles of both hands, anesthesia along, right ulnar distribution, thickening and tenderness of right ulnar-nerve was also observed. It was diagnosed as psoriasis arthropathy, with polyneuritic leprosy and treated in G. G. Hospital Kurnool with oral steroids and good response.

*Present History:* On examination, he was moderately nourished individual with erythematous papulo-squamous lesions on knees, elbows, with prominent corona psoriatica swelling of right knee with limitation of movements, and swelling of metacarpo-phalangeal and interphalangeal joints of left middle-finger with painful movements were noticed. Right sterno-elavicular joint was swollen and tender. Ulnar contracture of both hands with atrophy of small muscles of both hands was present. There was thickening and tenderness of both ulnar-nerve, with corresponding anaesthesia of both hands was observed. Pitting of finger-nails was also observed. Family history was not contributory.

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## INVESTIGATIONS

T. L. C.	7,600 per cmm.
D. L. C.	P <sub>68</sub> L <sub>24</sub> E <sub>0</sub> M <sub>2</sub>
Urine :	N. A. D.
E. S. R.	126 mms/first hour.
V. D. R. L.	Negative
Skin-Biopsy:	Compatible with Psoriasis.

Rose Waarler test:-

1 in/120 positive (6-5-67)

1 in/64 positive (21-8-67)

X-Ray of hands and feet :-

Osteo-porosis of bones of both hands with flexor deformity of Interphalangeal joints of 1st to 5th of both hands. Joint spaces reduced at carpals. Inter-phalangeal arthritis + (Fig).

He was given oral steroid (Ledercort); Dapsone; Strepto-penicillin and supportive therapy with vitamins. In 3 weeks time, the skin lesions almost regressed, swellings and pains of all joints almost subsided.

He was again seen on 12-3-68 in Gandhi Hospital, Secunderabad with a complaint of pain right knee joint of 2 weeks duration. Smaller joints of hands normal, except for mild ulnar contracture of both hands. Ulnar nerves slightly thick, with no tenderness. Very few skin lesions were seen.

## INVESTIGATIONS

T. L. C.	10,800 per amm
D. L. C.	P <sub>62</sub> L <sub>34</sub> M <sub>2</sub> E <sub>2</sub>
Urine	N. A. D.
E. S. R.	30 mms/first hour.
V. D. R. L.	Negative

X-Ray of Rt. knee—Osteoarthritic change.

He was advised to continue Dapsone, Streptopenicillin injection and short course of Delta Butazolidin Orally, and physio-therapy for contracted fingers.

## DISCUSSIONS

✓ A case of psoriasis confirmed by skin-biopsy with rheumatoid-arthritis confirmed serologically, with polyneuritic type of leprosy is reported. The reported incidence of Psoriasis-arthropathy is 1 per cent. Arthropathy in psoriasis patients due to other causes can also occur, but usually missed specially when smaller joints are involved, unless serological tests are done in every case. Osteo-arthritic changes of the knee-joint in this case was detected when the patient attended for the third time. Ulnar contracture of both hands due to polyneuritic leprosy in this case apparently appeared as residual deformity due to rheumatoid-arthritis. ✓