PSORIASIS AND ATOPY

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To study if psoriasis has any association with atopy, history of atopy in the patients and his relatives was elicited in 356 unselected cases of psoriasis and compared with 1000 randomly collected patients having other diseases. The study showed a negative correlation between psoriasis and the personal history of atopy.

Key words: Psoriasis, Atopy.

Atopics have a dry skin. Besides, they have a relatively poor cell mediated immune response. This is why they are more prone to certain skin conditions like dermatophytoses and viral infections. There are also some known associations e.g. ichthyosis. The present enquiry was to find out if any relation exists between psoriasis and atopy.

Materials and Methods

Three hundred and fifty six unselected patients who presented to the out patient Department of our University Hospital with typical psoriasis were studied. A detailed enquiry was made to elicit any history of atopy in the patient or his relatives. One thousand random sample from our out patient dermatology department, who had attended for any disease other than psychological or allergic were interviewed similarly to constitute the control group. Another control group consisted of 313 subjects with history of one or more allergic manifestations.

Results

The history of personal atopy was significantly low in psoriatics as compared to general population (Table I). A family history of atopy was present in 60 subjects (16.8%). Table II shows the family history of atopy in psoriatics

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Table I. Personal history of atopy in patients and controls.

Group	Number of subjects	
	Studied	With personal history of atopy
Psoriasis Controls	356 1000	32 (9.0%) 262 (26.2%)

Table II. The family history of atopy in cases of psoriasis and controls.

		Number of subjects	
	-	Studied	With family history of atopy
 (a)	Psoriasis	356	60 (16.8%)
(b)	Control group as a whole	1000	170 (17.01%)
(c)	Control with history of one or more allergic manifesta- tions	313	109 (34.8%)

and in controls. Statistically, when (a) and (b) are compared by applying the Chi square test, the value of X^2 is 0.628. The differences are insignificant. But on comparing (a) and (c), the value of Chi square is 6.686 and table values of one degree of freedom are <0.01. The differences are significant.

Comments

Sehgal et al³ and Kanwar et al⁴ in their reports from India and Libya respectively are silent about atopy. Probably, both of them did not study this aspect. Farber and Nall⁵ however, reported that frequency of history of atopic

manifestations are similar to that found in the general population. Our reports, however, show a negative correlation between psoriasis and atopy. It probably indicates that individuals who are atopics are less prone to get psoriasis. When we compare the family history of atopy in psoriatics and in controls, there is no difference. This indicates that it is not the atopic background which has any protective role.

Both psoriasis and atopic dermatitis are atleast precipitated by emotional factors. If a person has atopic diathesis, an emotional stress is more likely to manifest as atopic dermatitis. Similarly, a person with family background of psoriasis is likely to respond to stressful events by development of psoriasis. This is perhaps the reason for a negative correltion between

the two diseases so far as the personal history is concerned.

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