

## Dermatology Disorders: Psoriasis, Scabies & Eczema

### Psoriasis

**Definition:** A chronic autoimmune skin disease characterized by rapid proliferation of keratinocytes leading to erythematous plaques with silvery scales.

#### Etiopathogenesis:

- Genetic predisposition (HLA-Cw6).
- Triggers: infections, trauma, stress, drugs.
- Autoimmune T-cell mediated inflammation → cytokine release (TNF- $\alpha$ , IL-17, IL-23).
- Increased keratinocyte turnover → thick scaly plaques.

#### Clinical Manifestations:

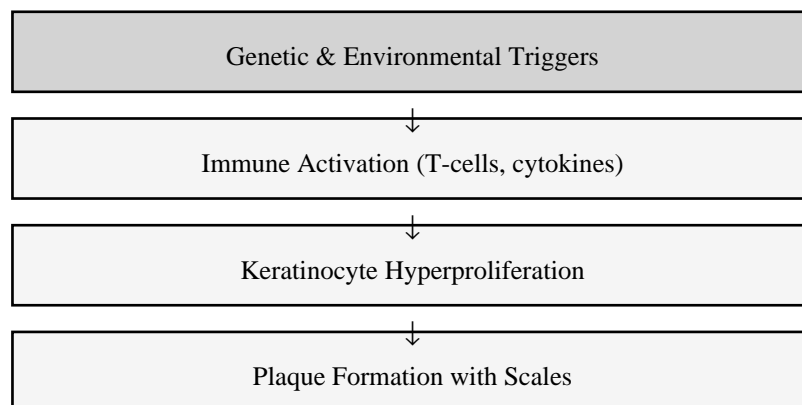
- Well-demarcated erythematous plaques with silvery-white scales.
- Common on scalp, elbows, knees, sacral area.
- Nail changes: pitting, onycholysis.
- Arthritis in some cases (psoriatic arthritis).

#### Management:

Non-pharmacological: Avoid triggers, moisturizers, phototherapy.

Pharmacological: Topical corticosteroids, vitamin D analogs, methotrexate, cyclosporine, biologics (anti-TNF, IL inhibitors).

#### Flowchart: Pathophysiology of Psoriasis



### Scabies

**Definition:** A contagious parasitic infestation of the skin caused by *Sarcoptes scabiei* mite, producing intense itching and burrows.

#### Etiopathogenesis:

- Caused by female mite burrowing into stratum corneum.
- Hypersensitivity reaction to mite, eggs, and feces.
- Spread by close contact, overcrowding, poor hygiene.

#### Clinical Manifestations:

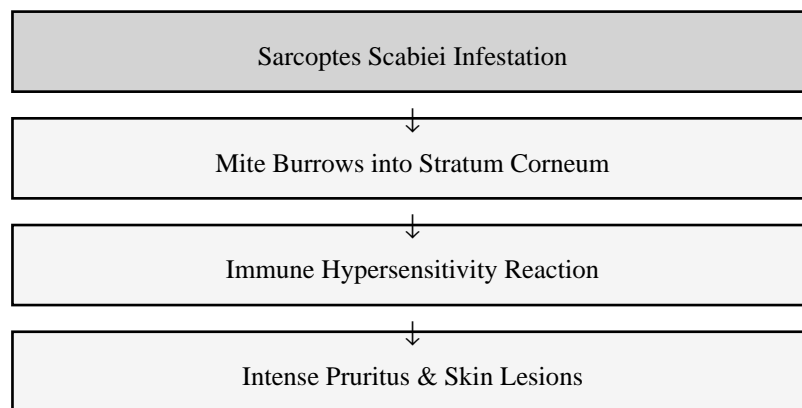
- Severe nocturnal itching.
- Burrows, papules, vesicles, excoriations.
- Common sites: interdigital spaces, wrists, axillae, genitalia, waistline.
- Secondary bacterial infection possible.

### Management:

Non-pharmacological: Treat family contacts, wash bedding & clothes in hot water, maintain hygiene.

Pharmacological: Topical permethrin (first-line), benzyl benzoate, ivermectin (oral for severe cases), antihistamines for itching.

### Flowchart: Pathophysiology of Scabies



### Eczema (Atopic Dermatitis)

**Definition:** A chronic relapsing inflammatory skin condition characterized by itching, erythema, and lichenification, often associated with atopy.

### Etiopathogenesis:

- Genetic predisposition (filaggrin mutation).
- Defective skin barrier → increased allergen & microbe penetration.
- Immune dysregulation: Th2 dominance → ↑ IgE.
- Triggers: allergens, irritants, stress, climate.

### Clinical Manifestations:

- Intense itching.
- Acute: erythematous papules, vesicles, oozing.
- Chronic: lichenification, hyperpigmentation.
- Common sites: face, flexural surfaces, hands.
- Associated with asthma, allergic rhinitis.

### Management:

Non-pharmacological: Avoid triggers, skin hydration with emollients, stress reduction.

Pharmacological: Topical corticosteroids, calcineurin inhibitors, antihistamines, antibiotics for secondary infection, systemic immunosuppressants in severe cases.

**Flowchart: Pathophysiology of Eczema**

