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CLINICAL FEATURES OF PSORIASIS IN CHILDREN

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Abstract
This article presents a detailed analysis of the clinical and morphological features of psoriasis in children and adolescents. The authors describe in detail the pathognomonic elements of skin eruptions, their localization, and the dynamics of their development depending on the form of the disease. Special attention is paid to the algorithms of comprehensive diagnosis and the analysis of the effectiveness of current therapeutic methods. A modern approach to the treatment of psoriasis is formulated, aimed at achieving stable remission and preventing the appearance of new papules.

Keywords: Psoriasis, clinical manifestations, diagnosis, modern treatment approach, dermatology.

Introduction

The aim of our study was to analyze the main clinical manifestations of psoriasis in children and adolescents.

Materials and Methods

The study included 107 pediatric patients with psoriasis aged from 3 to 18 years. Among them, 48 (44.9%) were boys and 59 (55.1%) were girls. Urban residents accounted for 43 (40.2%) patients, while 64 (59.8%) were from rural areas.

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Children aged 3–5 years comprised 18 (16.8%) patients, those aged 6–10 years – 42 (39.3%), and those aged 11 years and older – 47 (43.9%) patients.

The duration of psoriasis ranged from 3 months to 11 years: up to 1 year in 18 (16.8%) patients, from 1 to 3 years in 60 (56.1%), from 4 to 5 years in 15 (14.0%), and 11 years or more in 14 (13.1%) patients.

The research methods included collection of anamnestic data, objective clinical examination of patients, and routine clinical and laboratory tests (complete blood count, urinalysis, coprological examination including helminth ova detection). According to indications, biochemical blood tests and ultrasound examination of internal organs were performed to diagnose concomitant pathology. Before the initiation of treatment, the patients were consulted by related specialists.

The obtained data were statistically processed using a Pentium-IV personal computer with the Microsoft Office Excel-2010 software package, including built-in statistical analysis functions. Methods of variation parametric and non-parametric statistics were used, including calculation of the arithmetic mean of the studied parameter (M), standard deviation (σ), standard error of the mean (m), and relative values (frequency, %). Statistical significance of differences between mean values was determined using Student's t-test with calculation of the probability of error (p) after testing the normality of distribution (excess kurtosis test) and equality of general variances (Fisher's F-test). Differences were considered statistically significant at $\mathbf{p < 0.05}$.

Results and Discussion

The study revealed that among 107 children with psoriasis, 96 (89.7%) had a widespread form of the disease, while 11 (10.3%) had a localized process. Among the 96 children with widespread psoriasis, 93 (96.9%) were diagnosed with the vulgar form, 2 (2.1%) with the exudative form, and 1 (1.0%) with erythrodermic psoriasis.

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Among the 11 children with the localized form of the disease, palmoplantar psoriasis was diagnosed in 9 (81.8%) cases, psoriasis of the scalp in 1 (9.1%) case, and psoriasis affecting other body areas in 1 (9.1%) case.

At the time of examination, the skin pathological process corresponded to the progressive stage in 91 (85.0%) patients and to the stationary stage in 16 (15.0%) patients. These findings indicate that the progressive stage of psoriasis is the most common among pediatric patients (85.0%).

Investigation of the factors provoking the onset of the disease showed that 6 (5.6%) patients associated the onset of psoriasis with stressful situations, 9 (8.4%) with the intake of various medications and vaccination, 7 (6.6%) with alimentary factors (dietary violations), 3 (2.8%) with hereditary predisposition, 1 (0.9%) with trauma, and 2 (1.9%) with respiratory infections. The remaining 79 (73.8%) patients were unable to indicate the cause of the disease onset.

Analysis of the anamnestic data and consultations with related specialists revealed that 1 (0.9%) patient had liver and gallbladder pathology, 2 (1.9%) had ENT diseases, and 2 (1.9%) had iron-deficiency anemia of varying severity.

Among the examined patients, concomitant dermatological pathology such as vitiligo, toxicoderma, and atopic dermatitis was identified in one case each (0.9%), while seborrheic dermatitis was diagnosed in 2 (1.9%) patients.

The study of the clinical course demonstrated that the clinical picture of psoriasis in children has certain specific features depending on the form of the disease.

Through patient interviews, the initial sites of skin involvement by psoriatic pathological elements (papules and plaques) were determined. It was found that the first manifestations were localized on the upper and lower extremities in 9 (8.4%) patients; on the neck and extremities in 6 (5.6%); on the face, neck, and extremities in 17 (15.9%); on the scalp in 1 (0.9%); on the scalp and trunk in 8 (7.5%); on the scalp and extremities in 14 (13.1%); on the scalp, face, and extremities in 10 (9.3%); on the scalp, trunk, and extremities in 17 (15.9%); on the scalp and face in 2 (1.9%); on the scalp, abdomen, and extremities in 7 (6.5%);

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and on the entire body (scalp, face, trunk, upper and lower extremities) in 16 (15.0%) patients (see Table 1).

The appearance of the first symptoms and exacerbation of the disease during winter was noted in 7 (6.6%) children, in spring in 36 (33.6%), in autumn in 50 (52.3%), and a mixed seasonal pattern (autumn–winter) in 8 (7.5%) children. Subjective symptoms such as skin itching and eruptions (papules) of varying intensity were reported by **100%** of patients.

Analysis of the clinical course of psoriasis showed that in children with the widespread form of the disease, psoriasis had a more severe and sluggish course with the appearance of new lesions compared to children with the localized form. Although the clinical signs are quite characteristic, the diagnosis should be made only by a dermatologist, since psoriasis in children often resembles candidiasis or diaper dermatitis, which require completely different treatment approaches.

In most cases (approximately 75% of pediatric psoriasis cases), the first symptoms appear before the age of five. However, it is known that the risk increases if at least one parent suffers from psoriasis; in this case, the probability that a child will develop the disease is about **25%**. If both parents are affected, the risk increases to approximately **60%**.

In infants, psoriasis often resembles common diaper rash, thrush, or eczema. Sharply demarcated bright pink areas appear on the skin, sometimes covered with very thin scales. In older children, the disease usually begins with itching; a rash or small papules (nodules) covered with grayish scales of dead skin appear on the skin. Papules tend to increase in size and may merge with each other. The affected skin may become moist and develop microcracks, which can lead to secondary infection.

To determine the treatment regimen and duration of therapy, the **PASI index (Psoriasis Area and Severity Index)** was used. The study showed (see Table 2) that the PASI index in children with widespread psoriasis was higher (**42.2 ± 0.31 points**) compared with children with localized psoriasis (**30.6 ± 0.64 points**).

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Table 2. PASI Index Values in Children with Psoriasis (M ± m)

Clinical Forms of Psoriasis	Number of Examined Patients	PASI Index (points)
Localized	11	30,6 ± 0,64
Widespread	96	42,2 ± 0,31

It should be noted that a detailed analysis of the life history of the examined children revealed that among the studied patients, 6 (5.6%) had a history of psoriasis in their fathers and 4 (3.7%) in their mothers. In the remaining 97 (90.7%) children, no family history of psoriasis among relatives was identified.

The obtained data indicate that in children with the widespread form of psoriasis, the disease has a more severe course compared with children with the localized form of psoriasis.

Conclusion

Psoriasis in children often resembles candidiasis or diaper dermatitis in its clinical manifestations. In children, the disease usually begins with itching; a rash appears on the skin or small papules (nodules) covered with grayish scales of dead skin are formed. Papules tend to increase in size and may merge with each other, and microcracks often appear. Therefore, a thorough study of the life history of children with psoriasis is advisable, since among the examined patients, 5.6% had a history of psoriasis in their fathers and 3.7% in their mothers.

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