Research Paper

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Subject Awaited

KEYWORDS :

Clinical Profile of Psoriasis And Psoriatic Arthropathy and its Response to Methotrexate Therapy

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INTRODUCTION

Psoriatic arthritis (PsA) is an inflammatory arthritis associated with psoriasis. The prevalence of PsA in population is 0.67%.It is equally distributed in both sexes. Common in the 3rd or 4th decades. Psoriatic arthritis is characterised by typical psoriatic skin lesions, nail lesions, large and small joint arthritis including DIP arthritis, sacroiliitis, sausage digits.

AIMS AND OBJECTIVE

- 1. To study clinical profile of psoriasis and psoriatic arthropathy
- 2. To study response with methotrexate therapy

MATERIAL AND METHOD

Case records of 20 patients of psoriasis were included in this study.

Inclusion Criteria:

- Patients with 50% to 100% involvement of skin surface area.
- Age > 14 years.
- Patients with severe recalcitrant psoriasis not responsive to conventional treatment.

Exclusion Criteria:

- Pregnant and lactating women
- History of chronic alcoholism
- Patients having cardiovascular, renal, neurological disorder, peptic ulcer, ulcerative colitis or any form of acute infection.
- Patients with hematological, hepatic or renal function test impairment
- At the beginning of the study, the skin involvement was calculated by using rule of 9.
- PsA, patients were classified according to Moll and Wright's criteria. Their degree of involvement was calculated using psoriatic arthritis response criteria (PARC) score.
- All patients were given methotrexate orally and regularly followed up at 1 monthly interval for 1 year.
- Patients were monitored for their skin surface area, PARC score and side effect profile.

OBSERVATION:

- Among 20 patients, 18 were males and 2 were females (ratio 9:1).
- Total duration of disease varied from 2 to 17 years (mean 8.2 years).
- All 20 patients had skin involvement and 6 had joint as well skin involvement.
- All the patients with DIP arthritis had nail lesions.
- Genital involvement was seen in 35%.

		Total Patients	Types	No. of Patients	% of Patients
Site of Involvement	Skin	20	Psoriasis vulgaris	15	75%
			Erythroderma	3	15%
			Generalised pustular	1	5%
			Guttate Psoriasis	1	5%
	Joints	6	Arthritis of DIP joints	3	50%
			Asymmetric Oligoarthritis	0	0%
			Symmetric Polyarthritis	3	50%
			Sacroilitis	1	18%
			Arthritis Mutilans	0	0%
	Nails	10	Pitting	3	30%
			Discoloration	2	20%
			Thickening	2	20%
			Subungual Hyperkeratosis	2	20%
			Onycholysis	1	10%

After methotrexate therapy patients had improvement in cutaneous symptoms at 12 wk. and 1 yr. grade-I improvement (>90%) was observed in 60% and 80% of the patients at respectively 12week and 1 year.

Grade	% of Improvement in Skin Surface Area	No. 0f Patients	% of Patients
Grade – I	>90%	14	70%
Grade – II	61 – 90%	4	20%
Grade – III	31 – 60%	2	10%
Grade - IV	< 30%	0	0%

Psoriatic Arthritic Response Criteria Score in Patients at beginning and after 1year of MTX Therapy

Sr. No	PARC Score		
	0 week	1 Year	Difference
1	62	56	06
2	68	61	07
3	75	70	05
4	68	55	13
5	74	59	15
6	61	44	17
Mean	68	57	11

Side Effect Profile

Side Effects	No. Of Patients	Percentage of Patients
Nausea	5	25%
Anorexia	3	15%
Vomiting	2	10%
Fatigue	2	10%
Alopecia	1	5%
Burning Sensation of Skin	1	5%
Metallic Taste	1	5%
Skin Pyoderma	1	5%
Leukopenia (< 4000/mm^3	3	15%
Raised LFT	2	10%
Total No. of Patients Having Side Effects	7	35%

King's College of London Study: A Randomised Control Study

Gabrielle H Kingsley April 2011	Mean PARC Score at Beginning	Mean PARC Score after MTX
MTX Group (n=109)	111.5	80.6
Placebo Group(n=112)	115	90.7
Present Study (n=20)	68	57

Regression analysis of the study showed no statistically significant evidence that MTX treatment was more effective than placeboto improve any rheumatology related global response index in PsA.

CONCLUSION AND SUMMARY:

- Psoriatic vulgaris is most common type. Most common joint involvement is symmetrical polyarthritis and arthritis involving DIP joints.
- Pitting type of nails are most common and all patients with DIP involvement have nail lesions
- Methotrexate used after proper patient selection and closed monitoring is effective and safe and cost effective therapy for cutaneous manifestations.
- For PsA MTX is not a better option to used as a disease modifying agent but to support this conclusion large scale multicentre randomised control trials are required.