

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/frontlines-psoriasis/pediatric-psoriasis-clinical-presentation-and-topical-treatment-strategies/26300/>

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Pediatric Psoriasis: Clinical Presentation and Topical Treatment Strategies

Announcer:

Welcome to *On the Frontlines of Psoriasis* on ReachMD. On this episode, we'll hear about the presentation and topical treatment of pediatric psoriasis from Dr. Lawrence Eichenfield. Not only is he a Distinguished Professor of Dermatology and Pediatrics at UC San Diego School of Medicine, but he's also the Chief of Pediatric and Adolescent Dermatology at Rady Children's Hospital-San Diego. Let's hear from Dr. Eichenfield now.

Dr. Eichenfield:

Psoriasis is sort of a different thing in children than adults, but it's also quite similar. So first of all, psoriasis is less common in pediatric patients, but clearly for a third of adults, if you ask them when their psoriasis started, it started under age 18, so it can occur at any time. Some times some infants present with psoriasis in the diaper area. You get these pink, scaling plaque areas. On average, a median age of psoriasis is between 7 and 10 years, so we can get it in the younger children, and then there's another sort of increase as we start to head into early to mid-teenage years.

The presentations of psoriasis can be quite different. So psoriasis can give you these pink, thick, scaly plaques. In pediatrics, it very commonly will have a significant amount of involvement on the face and the scalp, which, of course, is very disconcerting for affected individuals. It could also involve the nails very commonly. And there's also some different subtypes. So in some children, instead of big, thick plaques of psoriasis, they get multiple dots of psoriasis or almost like little fingertip areas that are called guttate psoriasis. That sometimes can be triggered by a bacterial infection like strep throat that brings it out. So while there are some similarities, there are clearly some differences of psoriasis in the children that we see.

So a mainstay of treatment for pediatric psoriasis from a topical perspective is still topical corticosteroids. Topical steroids are pretty effective agents, but then people should understand that our topical steroids range from very, very weak to very strong. In fact, the difference between the strongest topical steroid, clobetasol, and over-the-counter hydrocortisone is over 2,000 times. And we tend to use stronger topical corticosteroids in psoriasis and even in pediatric psoriasis, but there are limitations with that because if you're using a stronger steroid to get through the thick scale and decrease the inflammation, you could also end up in the situation where you have either skin thinning because of overtreatment or absorption of the cortisone into the system, which is a big concern. So sort of monotherapy alone with topical corticosteroids can be problematic, especially in delicate skin areas like facial areas or body folds. It's called inverse psoriasis. It's very worrisome to use just topical corticosteroids.

We have calcineurin inhibitors, pimecrolimus and tacrolimus, that have been used. They're not labeled for psoriasis in children or adults, but they are sometimes used. Sometimes they can be irritating and sting or burn. There are some vitamin D-based topical medicines that have been used over the years, either alone or in combination with topical steroids. And then we've used topical retinoids occasionally. A drug that's used also for acne, tazarotene, can be used for psoriasis.

And then I think importantly, we now have the development of new nonsteroid agents that can change our treatment of psoriasis. And some of those are particularly already approved in children, and others are approved in adults and on their way down in age as further studies get done.

Announcer:

That was Dr. Lawrence Eichenfield discussing topical treatments for pediatric psoriasis. To access this and other episodes in our series, visit *On the Frontlines of Psoriasis* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!