

A New Age in Pediatric Psoriasis:

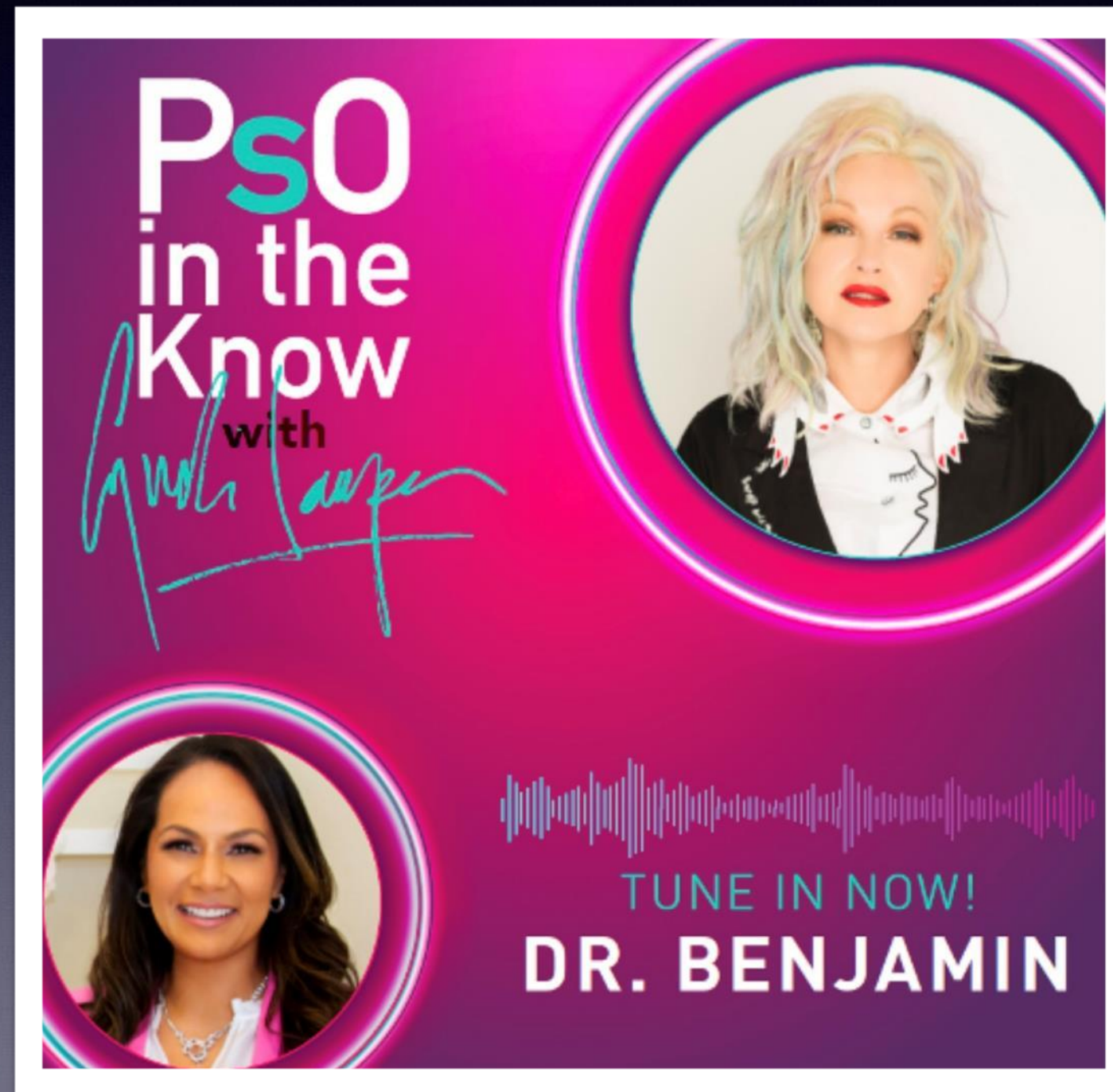
Case-Based Learning for Inclusive Care

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Masters of Pediatric Dermatology Symposium
February 9, 2023

Disclosure

Novartis



Learning Objectives

- Identify key clinical features for accurate diagnosis of psoriasis in pediatric patients across skin types
- Review the efficacy and safety of current and emerging therapies for pediatric psoriasis
- Develop individualized treatment plans for pediatric patients with moderate-to-severe psoriasis

Psoriasis

- Chronic, multisystem, inflammatory disease
- Occurs in 2-4% of the general population
- Affects approx 1% of children
- Characterized by bright red, plaques with silvery scales
- Wide spectrum of clinical manifestations (scalp, nails, joints, palmoplantar)
- Can have an immense impact of QOL



Psoriasis Epidemiology

- Although psoriasis occurs worldwide, its prevalence varies
- High rates in people of Faroe islands (2.8%)
- Prevalence low in certain ethnic groups - Japanese
- May be absent - aboriginal Australians, Indians from South America



Clinical Manifestations of Pediatric Psoriasis

- Plaque
- Inverse
- Guttate
- Pustular
- Erythrodermic
- Scalp
- Diaper area
- Palmoplantar
- Nail
- Extracutaneous involvement



Scalp Psoriasis

- Minority groups are less likely to see a dermatologist for their psoriasis in the US
- Scalp psoriasis in AA have used traditional/cultural therapies before seeking dermatologic consultation



Itching

- Psoriasis is typically itchy in scalp and legs
- Patients should refrain from scratching or rubbing lesions, skin trauma = (koebnerization)



Infantile Psoriasis

- Psoriasis in infants typically involves the diaper area and face
- Symmetrical, well-demarcated
- Nail findings (10%) infants
- Lesions may be pruritic
- Pearl: Usually less white scales on the plaques of infants



Guttate Psoriasis

- Guttate psoriasis occurs in all races
- Pruritic
- Common triggers
- Postinflammatory pigmentary changes can follow
- Pearl: Asia descent often small plaque variant (DDx)



Inverse Psoriasis

- AKA Intertriginous or flexural psoriasis
- Inframammary, axillae, inguinal folds
- Sharply demarcated
- Lacks thick silver scales
- Smooth, moist, macerated



Differential Diagnosis

- Intertrigo
- Candidiasis
- Erythrasma
- Hailey-Hailey disease
- Darier disease





Inverse and . . .

papular pityriasis rosea



Differential Diagnosis

Diagnostic tools for appropriate identification of psoriatic lesions

- Biopsy
- Dermoscopy



Dermoscopy

- Hallmark: Uniform dotted/globular vessels & diffuse white scales
- Hemorrhagic dots/globules also commonly seen (related to scratching)
- Videodermoscopy (higher magnification): dilated vessels show a bushy appearance
- Several studies have demonstrated that videodermoscopy f/up of psoriasis may facilitate tx response assessment by showing changes in vessels morphology and diameter

Hand-Held Dermoscopy (x10 magnification)

- May be of aid in treatment outcomes assessment in plaque-type psoriasis
- Appearance of hemorrhagic dots in first weeks of treatment is a predictor of subsequent response to biological agents
- With topical therapy, relapse is strongly associated with the persistence of vascular structures (dotted or globular vessels)



Hand-Held Dermoscopy

Also helpful in early detection of

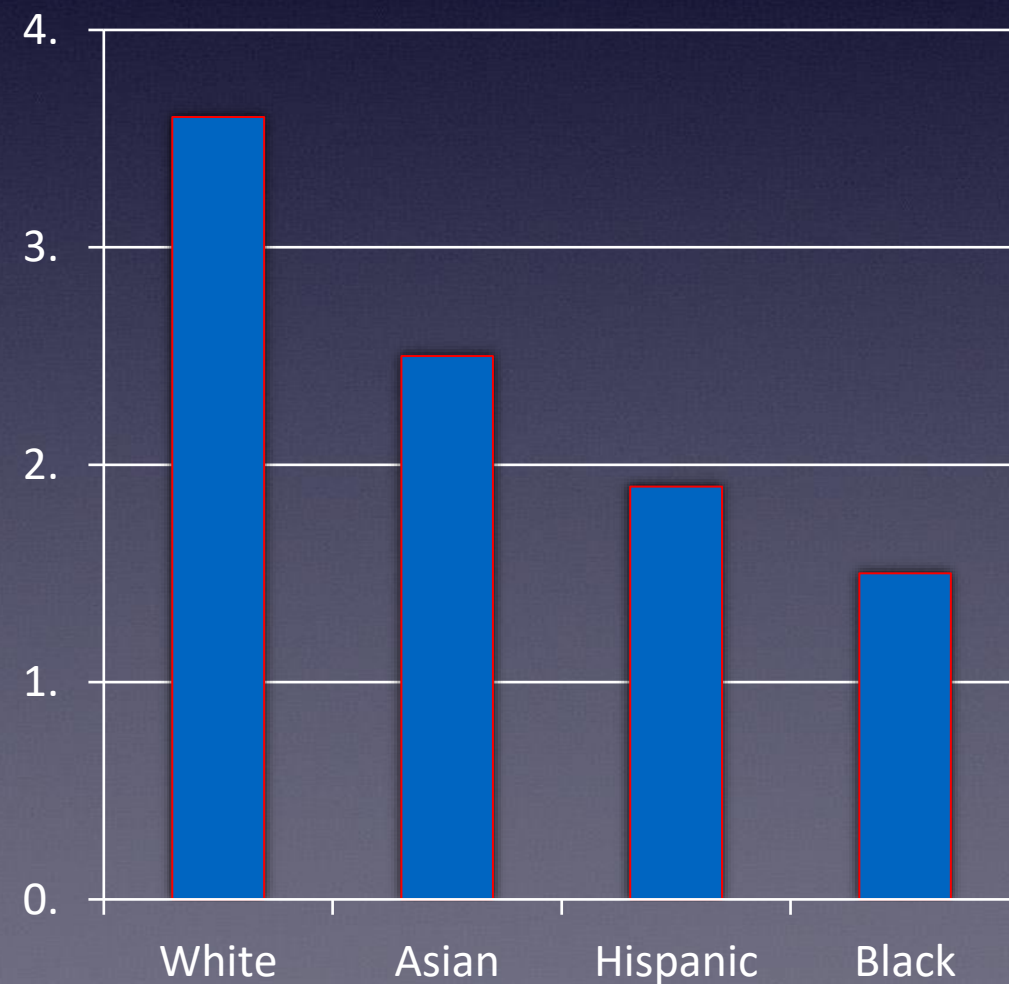
1) Disease recurrence-dermoscopic changes occur prior to clinical worsening

2) Steroid-induced skin atrophy-linear/reticular vessels before telangiectasia become clinically apparent



Psoriasis- Race & Ethnicity

- In a 2021 study, the percentages of adults 20 years and older who'd been diagnosed with psoriasis



Psoriasis- Question 5

Racial Differences in Presentation

Compared to White patients, which ethnoracial group has been reported to **have higher PASI scores**?

- A. Asian
- B. Black
- C. Hispanic

Psoriasis- Question 5

Racial Differences in Presentation

Compared to White patients, which ethnoracial group has been reported to **have higher PASI scores**?

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Kerr GS et al. *Clin Rheumatol*. 2015;34:1753-1759

Psoriasis-

Racial Differences in Presentation

As compared to White patients, Black patients may experience:

1. More extensive disease involvement/BSA at initial presentation
2. Less conspicuous erythema (usually appears violaceous)
3. More hypo- or hyperpigmentation



Ethno-racial Presentations



National Psoriasis Foundation Study

- Found 72% of minorities reported an impact on their QOL due to psoriasis (54% in Caucasians)
- African Americans and Hispanic/Latino psoriasis patients experience a greater negative impact on QOL compared to Caucasians, *irrespective* of severity
- A higher percentage of African Americans (23%) reported having very severe psoriasis compared to Caucasian patients (8%)



Treatment Gaps

- In the United States, Black patients are less likely to receive biologic treatment for psoriasis compared to White patients
- In a 2015 study, the odds of receiving a biologic therapy to treat psoriasis was 69% lower in Black patients than in White patients
- Biologic-naïve participants were more likely to be receiving phototherapy or topical therapy only
- They were also less likely to have received oral systemic therapy in the past

Takeshita J et al. *J Invest Dermatol.* 2019;139(8):1672-1679.

Takeshita J, Gelfand JM, Li P, et al. Psoriasis in the U.S. Medicare population: prevalence, treatment, and factors associated with biologic use. *J Invest Dermatol.* 2015;135(12):2955-2963

What's New in the Toolbox for Pediatric Psoriasis?

Dr. Adelaide Hebert

Thank you!

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Case #1







Psoriasis- Question 3

Racial Differences in Presentation

Compared to White patients, which ethnoracial group is **less likely to present with inverse psoriasis?**

- A. Asian
- B. Black
- C. Hispanic

Psoriasis- Question 3

Racial Differences in Presentation

Compared to White patients, which ethnoracial group is **less likely to present with inverse psoriasis?**

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Psoriasis- Question 4

Racial Differences in Presentation

Compared to White patients, which ethnoracial group has been reported to have **lower frequencies of PsA?**

- A. Asian
- B. Black
- C. Hispanic

Psoriasis- Question 4

Racial Differences in Presentation

Compared to White patients, which ethnoracial group has been reported to have **lower frequencies of PsA?**

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C. Hispanic