

CLINICIAN DIAGNOSIS GUIDE FOR PSORIASIS IN SKIN OF COLOR

CLINICAL PRESENTATION

On lighter skin types, plaque psoriasis (PsO) typically presents with red lesions with a silvery scale on top. However, in patients with darker skin types, psoriatic lesions may appear salmon, dark brown, purple, or violet in appearance and have a more greyish scale.



Additional differences in clinical presentation of PsO in patients with skin of color (SoC):

Erythema may be **less visible**

Plaques may be **thicker** and have **more scaling**; the scale is often silvery white in fair skin, while in Hispanic people it is more likely to be salmon-colored, and in African Americans it is often gray.

Patients may have **more skin** affected by psoriasis than patients with lighter skin.

Active psoriasis flares may be **misdiagnosed as post-inflammatory hyperpigmentation** (dark patches on the skin).

MAKING A DIAGNOSIS:

A clinician will perform a physical examination of the entire body to fully document the affected areas and calculate body surface area (BSA) percentage. Ask the patient/caregiver questions about the lesions and any family history of psoriasis or related conditions, such as arthritis. In some cases, the clinician may also take a skin biopsy so that they can rule out other conditions and confirm the diagnosis; biopsy can also help delineate the causes and guide treatment.

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DIFFERENTIAL DIAGNOSES

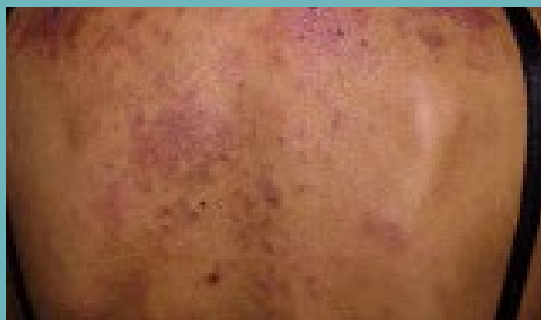
Lichen Planus



Tinea Corporis (ringworm)



Subacute Cutaneous Lupus Erythematosus (SCLE)



CLINICAL MIMICKERS

Cutaneous Lupus Erythematosus



Plaque Sarcoidosis



Cutaneous T-Cell Lymphoma



Pityriasis Versicolor

