INNOVATIVE DERMATOLOGY

Address:
☐ 109 N Eagle Road, Havertown, PA 19083

☐ 1202 Foulk Road, Suite A, Wilmington, DE 19803

Phone: (610) 789-SKIN(7546)

www.789SKIN.com

Psoriasis

What is psoriasis?

Psoriasis is a chronic (long-term), immune-mediated skin condition that causes skin cells to build up too quickly, leading to thick, inflamed patches (plaques) with scale. It is not contagious.

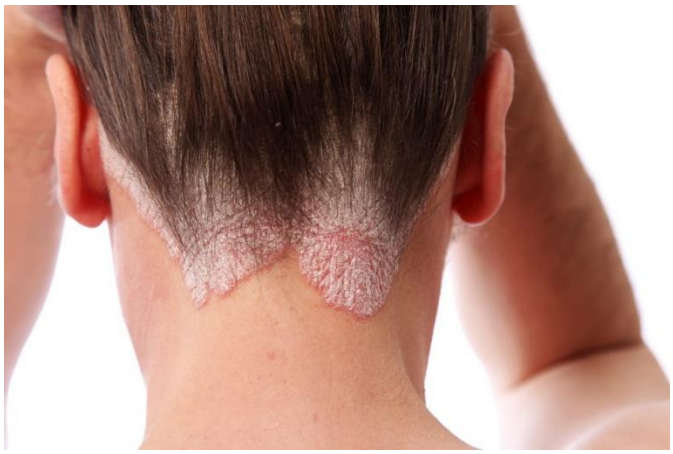
Many people have flares that come and go. With the right plan, psoriasis can be well controlled.

Types of psoriasis

You may have one type or a combination over time:

1) Plaque Psoriasis (Psoriasis Vulgaris)

- Most common type of psoriasis.
- Appears as raised, red patches covered with thick silvery-white scale
- Commonly affects the elbows, knees, scalp, and lower back.
- Can itch, crack, or bleed
- Often chronic but very treatable with topical therapy, phototherapy, and systemic medications.



---

2) Guttate psoriasis

- Characterized by small, drop-shaped red spots
- Often appears suddenly, especially in children or young adults
- Commonly triggered by strep throat or other infections
- Usually affects the trunk, arms, and legs
- May resolve on its own or evolve into a) plaque psoriasis

3) Inverse psoriasis (skin folds)

- Occurs in **skin folds** such as the **armpits, groin, under the breasts, and buttocks**
- Appears **smooth, red, and shiny** (usually **no thick scale**)
- Can be worsened by **friction, sweating, and yeast infections**
- Often misdiagnosed as a fungal rash

4) Pustular psoriasis

- Features **white pus-filled bumps** surrounded by red skin
- Can be **localized** (hands and feet) or **widespread**
- May be accompanied by **fever or fatigue** in severe cases
- Less common but can be **serious**, requiring prompt medical care

5) Erythrodermic psoriasis

- **Rare but severe** form of psoriasis
- Causes **widespread redness**, intense scaling, and skin peeling
- Can disrupt body temperature and fluid balance
- Often triggered by **infection, medication withdrawal, or severe sunburn**
- Considered a **medical emergency**

Why psoriasis happens

Psoriasis is related to **immune system activity and genetics**. Triggers can include:

- Stress
- Illness/infections
- Skin injury (scratches, burns)
- Certain medications
- Cold/dry weather

How we diagnose psoriasis

Diagnosis is usually made with:

- A focused history and **skin exam**
- Sometimes **dermoscopy** or a **skin biopsy** if the diagnosis is unclear

Treatment options

Treatment is personalized based on the type, location, and severity.

1) At-home treatments (often first-line)

- Prescription **topical** medications (creams/ointments)
- Moisturizers and gentle skin-barrier care

2) In-office treatments

- Narrow band UVB **Phototherapy (light therapy)** or **Excimer Laser** for widespread or stubborn psoriasis

3) For moderate-to-severe psoriasis

- Oral or injectable medications, including **biologics** (when appropriate)

Why Light Therapy Helps Psoriasis

Phototherapy uses carefully measured ultraviolet light to:

- Slow down overactive skin cell growth
- Reduce inflammation and redness
- Improve scaling and thickness of plaques
- Help control flares and extend periods of clear skin

Narrowband UVB (NB-UVB) Phototherapy

NB-UVB is one of the most common and effective in-office light treatments for psoriasis.

Best for:

- **Widespread plaque psoriasis** (multiple areas)
- Psoriasis that hasn't responded enough to topical treatments
  Patients who want a non-systemic option
  What a typical course looks like:
- Treatments are usually **quick** (often minutes)
- Common schedule: **2–3 times per week** for several weeks
- Your dose is **gradually increased** to balance results and safety

---

NB-UVB vs Excimer:

Excimer laser delivers a targeted UVB wavelength to **specific plaques**, sparing surrounding normal skin.

Best for:

- **Localized psoriasis** (small or stubborn areas)
- **Scalp edges, elbows, knees**, or "few tough plaques"
- Patients who want targeted treatment with fewer exposures to uninvolved skin

What a typical course looks like:

- Usually **1–2 times per week**
- Often fewer sessions for small areas (varies by plaque thickness and response)

NB-UVB vs Excimer: Which One Do I Need?

- Choose **NB-UVB** if psoriasis is **more widespread**
- Choose **Excimer** if psoriasis is **localized or stubborn**
- Many patients benefit from a **combined plan** (topicals + phototherapy)

Your dermatologist will recommend the best approach based on your psoriasis pattern, skin type, lifestyle, and prior treatments.

Pre-Op Instructions (Before Phototherapy)

(No fasting is needed. These are "before-treatment" tips.)

1–2 weeks before starting

- Avoid **tanning** and **sunburn**
- Tell us if you:
    - Take medications that increase sun sensitivity (some antibiotics, diuretics, etc.)
    - Have a history of frequent cold sores (for facial treatment planning)
    - Have a history of skin cancer or photosensitivity disorders
- Let us know if you are pregnant or trying to conceive (treatment planning may change)

Day of treatment

- Arrive with **clean, dry skin** on treatment areas
- Avoid perfumes, body oils, or heavy lotions on areas being treated (unless we tell you otherwise)
- Bring or use **protective eyewear** as directed (we provide guidance)

Wear easy clothing to access the treatment areas

Post-Op Instructions (After NB-UVB or Excimer Treatments)

What's normal after treatment

- Mild redness or warmth (similar to a mild sun exposure)
- Mild itching or dryness

Gradual smoothing and fading of plaques over weeks

Skin care after sessions

- Moisturize daily with a gentle, fragrance-free moisturizer
- Use gentle cleanser; avoid harsh scrubs/exfoliants on treated areas
- Use **sun protection** (hat, protective clothing, sunscreen as appropriate)

Activity tips

- You can usually return to normal activities right away
- Avoid intentional sun exposure or tanning while undergoing treatment

Call our office if you have:

- A painful burn, blistering, or significant swelling
- Increasing redness that continues to worsen after 24–48 hours
- New rash in areas not being treated

Psoriasis FAQ

Is psoriasis contagious?

No. Psoriasis **is not contagious**.

Is psoriasis curable?

Psoriasis is chronic, meaning it often requires long-term management, but it can usually be **well controlled** with the right plan.

How long does treatment take to work?

Many treatments take **weeks** to show major improvement. Your plan may be adjusted over time based on response.

What's the difference between psoriasis and eczema?

Both can itch and cause inflammation, but psoriasis often forms **thicker plaques with scale**, while eczema commonly causes **more diffuse, very itchy inflammation**. A dermatologist can confirm the diagnosis.

Can psoriasis affect my nails?

Yes. Psoriasis can cause nail pitting, discoloration, thickening, or lifting.

Can psoriasis affect joints?

Yes. Some people develop **psoriatic arthritis**, which can cause joint pain, swelling, and stiffness. Tell us if you have these symptoms so we can coordinate care.

What can I do at home to reduce flares?

- Moisturize daily
- Use gentle, fragrance-free skincare
- Manage stress and get adequate sleep
- Avoid triggers you notice (illness, skin injury, harsh products)
- Use sun protection (avoid sunburn)

When should I schedule an appointment?

If you have a persistent scaly rash, symptoms that affect sleep or daily life, nail changes, or any joint symptoms, an evaluation can help you get the right diagnosis and treatment plan.