

DERLEME

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## Isolated Face Involvement In Psoriasis

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### Abstract

Psoriasis is a common, chronic, disfiguring, inflammatory and proliferative condition of the skin, in which both genetic and environmental influences have a critical role. Facial involvement in psoriasis patients has been rarely observed. It has been stated that involvement of the central aspect of the face was more frequently associated with earlier onset of psoriasis, more severe body involvement, and more extensive treatment. Herein, a 29-year-old male psoriasis patient with isolated facial involvement has been presented. To our knowledge, this is the first case of isolated peripherofacial type of psoriasis reported in the literature upto date.

**Key words:** psoriasis, face involvement, isolated

### Özet

Psoriasis, sık görülen, genetik ve çevresel faktörlerin tetiklediđi kronik, inflamatuvar ve proliferatif bir deri hastalıđıdır. Psoriazisli hastalarda yüz tutulumu çok nadirdir. Yüzün merkezi tutulumu sıklıkla erken başlangıç yaşı, şiddetli vücut tutulumu ve yoğun tedavi ile ilişkili bulunmuştur. Burada, sadece yüz tutulumu olan 29 yaşında erkek psoriazis hastası sunulmaktadır. Bugüne kadar literatürde sunulmuş ilk izole periferofasiyal tip psoriazis olgusudur.

**Anahtar kelimeler:** psoriazis, yüz tutulumu, izole

### Introduction

Psoriasis is a common, chronic, disfiguring, inflammatory and proliferative condition of the skin, in which both genetic and environmental influences have a critical role. The most characteristic lesions consist of red, scaly, sharply demarcated, indurated plaques, present particularly over extensor surfaces and scalp. Most robust prevalence data comes from northern Europe and Scandinavia where studies of white people indicate population prevalence between 1.5 and 3%, although prevalence as high as 4.8% has been reported.<sup>1</sup> Facial involvement in psoriasis patients has been rarely observed.<sup>2-4</sup> Involvement of central aspect of the face as an unusual manifestation of psoriasis being attributed to the anti-psoriatic activity of sebum.<sup>5</sup> Furthermore, it has been stated that involvement of the central aspect of the face was more frequently associated with earlier onset of psoriasis, more severe body involvement, and more extensive treatment.<sup>3</sup> In the literature search, we could not find any case report having isolated facial psoriasis without body involvement.

### Case Report

A 29-year-old man with a 6-year history of nonpruritic violaceous and erythematous scaly eruptions on his face and ears applied to our outpatient clinic. He explained that his lesions did not improve with the treatments topically applied.

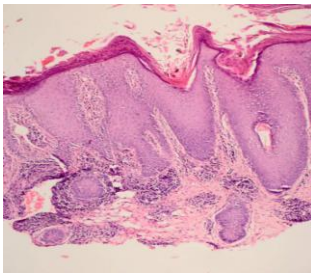
Dermatological examination revealed violaceous and erythematous papules and plaques symmetrically distributed especially on the malar and preauricular regions of the face and on the earlobes.

There were also nodules and cysts on the malar regions (Figure 1).



**Figure 1.** violaceous and erythematous papules and plaques symmetrically distributed especially on the malar and preauricular regions of the face and on the earlobes

The skin examination of the other sites of the body revealed no pathological finding. He was initially suspected of having lichen planus, psoriasis, discoid lupus erythematosus and acne vulgaris. An incisional skin biopsy was performed from a lesion on the preauricular region. Histopathological findings revealed orthokeratosis and parakeratosis with neutrophils (Munro microabscess), psoriasiform hyperplasia, absent granular layer in the upper epidermis, perivascular and periadnexal chronic inflammatory infiltrate in the dermis (Figure 2).



**Figure 2.** orthokeratosis and parakeratosis with neutrophils (Munro microabscess), psoriasiform hyperplasia, absent granular layer in the upper epidermis, perivascular and periadnexal chronic inflammatory infiltrate in the dermis (HEX40)

The result of direct immunofluorescence staining of the lesional skin biopsy was negative.

According to the clinical and histopathological findings, the patient was diagnosed as peripherofacial type of psoriasis. Besides psoriasis he had also acne vulgaris lesions on his cheeks.

There was no family history of psoriasis. General physical examination revealed no other abnormality. There were no scalp, body, nail or joint involvement. PASI score was 1,2. Laboratory examinations showed no abnormal findings. Syphilis serology (VDRL, TPHA) was also negative. The psoriasis and acne lesions of the patient completely healed with six months' systemic acitretin therapy (0,5 mg/kg/day).

### Discussion

Facial psoriasis, rare condition, can be seen in various clinical expressions. The manifestations of facial psoriasis are not regarded as a separate disease entity but rather a special localization. However, several differences have been observed as to the characteristics of psoriasis between patients with and without facial involvement.<sup>2</sup>

The following variants can be defined, each of these requiring a slightly different approach: true facial psoriasis, hairline psoriasis and sebo-psoriasis. True facial psoriasis is characterized by sharply demarcated erythematous-squamous plaques on the face without a preference for hairline or seborrheic areas and with a classical overall morphology of chronic plaque psoriasis.<sup>6</sup>

The most frequent manifestation of facial psoriasis is 'hairline psoriasis', which sometimes may extend to the entire forehead. When the process involves seborrheic sites, such as the nasolabial furrow, it is known as 'sebopsoriasis'.<sup>7</sup>

Facial involvement is a marker of severe psoriasis.<sup>2,4,8</sup> Woo et al. categorized facial psoriasis into 3 types based on the distributions of facial lesions: peripherofacial type (PF) (with upper forehead and/or periauricular lesions), centrafacial type (CF) (without upper forehead and periauricular lesions), and mixed type (MF). According to the results of their study, they suggest that notion of the facial psoriasis is a marker of severe psoriasis appears to be more applicable when it involves the

central aspect of the face. Patients with centrafacial involvement had a higher mean total body PASI score and lower mean age of onset compared with those with the peripheral type.<sup>3</sup>

The face is often involved for patients with long duration or early onset of disease; with nail or joint involvement; and those requiring more extensive treatments. Patients with facial involvement are found to have more frequent pruritus, positive family history, and history of Koebner response.<sup>2</sup> Our patient had a 6-year history of the disease without pruritus, he had no family history and no additional skin lesions on the other sites of the body during this time. He explained that his lesions did not improve with the treatments topically applied.

Most cases of facial psoriasis reported in the literature have been associated with the lesions of another part of the skin. And also perioral psoriasis has been rarely reported in the literature.<sup>9</sup> Our case is interesting, because he had face involvement alone. To our knowledge, this is the first case of isolated peripherofacial type of psoriasis reported in the literature upto date.

With respect of this case, we conclude that psoriasis can manifest with isolated face involvement alone. Therefore, psoriasis should be considered in the differential diagnosis of chronic violaceous and erythematous scaly facial lesions.

It should be kept in mind that psoriatic facial lesions not only cause more emotional stress by their visibility, but also are proposed to be a sign of severe psoriasis.

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