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Herpes simplex virus as a trigger factor for exacerbation of psoriasis

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Introduction & Objectives: Herpes simplex virus (HSV) can be not only a nosological disease, but also a secondary infection that can affect the severity of the course of other dermatoses. Timely diagnosis and correct therapy of the progression of psoriasis helps related specialists to prevent the occurrence of such diseases. Therefore, the goal of our research is a comprehensive examination of patients with psoriasis, especially with a severe and atypical clinical course of the disease, with the aim of detecting herpes infection and improving the effectiveness of treatment of such patients.

Materials & Methods: In the period from 2018 to 2022, 14 patients with a confirmed diagnosis of psoriasis were observed in our clinical laboratory, which underwent the following examinations - general, biochemical and immunological blood tests.

Results: During the clinical and anamnestic examination of patients with psoriasis, the following results were obtained: the form of psoriasis: limited - in 5 patients, widespread - in 9 (area of damage 35–68%), stages of psoriasis: progressive - in 39.7% of people, stationary - in 60 .3%; duration of the disease: from 7 months to 32 years; heredity: in 26% of people; provoking factors: stressful situations - in 29.7% of cases, alcohol abuse - in 5.9%, microbial and viral factors - in 18.4% of people, injuries - in 8.4%. 11.6% of people did not specify the cause of the disease; the course of the disease: for 76% of people, a tendency to frequent exacerbations is characteristic, and for 24%, stable remission was not observed for a long time. Changes in the immunological blood test and the detection of HSV in 76% of patients with psoriasis forced us to prescribe antiviral drugs for therapy. The duration of treatment is determined individually for each patient. In the dynamics of treatment of patients with psoriasis, certain immune indicators change: indicators of humoral immunity decrease; the number of T-helpers increases; the percentage of T-suppressor cells decreases; the number of undifferentiated O-cells increases in the blood sample; synthesis of IgM increases; blood immune complexes increase significantly.

Conclusion: The detected changes in indicators of both humoral and cellular immunity in patients with psoriasis are indirect evidence of the negative influence of provoking factors and accompanying pathology on the intensity of the immune response in their body, which in turn leads to the formation of immunodeficiency.