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Specific features and therapy of psoriasis and arthropathic psoriasis courses

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Introduction & Objectives: Psoriasis affects about 2% of population. In 30-40% of occurrences arthropathic psoriasis (AP) is diagnosed and it leads to 11-19% of disability cases development. The article analyses features of anamnesis, clinical, instrumental and laboratory tests related to arthropathic psoriasis, considers the relationship of probable mechanisms of disease aggravation and progression with the definition of a treatment method influencing the dynamics of a disease course.

The objective of our work was to improve the diagnostics of AP patients taking into account some indicators of the immune-endocrine system and features of the disease course to specify their role in AP pathogenesis and to develop the system of integrated therapy of patients whose locomotor system is affected due to psoriasis.

Materials & Methods: A total of 178 AP patients have been systematically examined. We have examined AP patients with varying severity of process development, generalization and the severity of skin and osseous-articular apparatus damage, the presence of associated pathology. Additional instrumental studies, determination of biochemical, serological parameters and an assessment of stress-induced immune-endocrine system have been conducted in AP patients. The content of trigger cytokines (IL-1β, IL-8, IL-17, IL-22) in blood serum, stress hormones (ACTH, cortisol), cellular and humoral immunity condition (CD3 +, CD4 +, CD8 +, CD16 +, CD22 +, IgM and IgG levels) have been studied.

Results: The clinical course and characteristic features of AP instrumental tests are extremely versatile as well as the depth of their present study is insufficient. Regardless of the disease duration period, we have detected in blood serum of AP patients probable changes in concentrations of stress-response mediators (decreased parameters of cellular immunity (CD3+, CD4+, CD8+ of T-lymphocytes, CD22+ fraction of B-lymphocytes and compensatory increased CD16+ of T-cells, cytokines – IL-1β, IL-8, IL- 17, IL-22, stress hormones – cortisol, immunoglobulins IgM, IgG, and CIC), which indicate tension of their stress-induced mechanisms even despite occasional clinical stabilization of skin and articular process.

We have offered and tested regiments to treat AP patients, which involve differential application within the integrated therapy of nonsteroidal anti-inflammatory medications (Etoricoxib 30-60 mg 1 time daily / Diclofenac Duo 75 mg daily), disease-modifying medications (Sulfasalazine EH from 500 mg to 2 g daily / Methotrexate 7.5-10 mg/week), lyophilised dialysate of leukocytes.

Conclusion: The analysis of specific features of the AP clinical course and data of integrated studies allows identifying the probability of manifestation or persistence of the pathological psoriatic articular process. The improvement of AP patients diagnostics taking into account some indicators of the immune-endocrine system and specifics of the disease course contributed to the improved therapy and mended quality of life of patients.