

# **A case report on the treatment of Psoriasis and systemic sclerosis in old female patient.**

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## **Abstract**

**Introduction:** Psoriasis and systemic sclerosis are immune mediated diseases that causes chronic inflammation in the body. In psoriasis, hyperpigmented plaques and silvery white scales may appear in any part of body, although they are commonly seen on the elbows, knees and scalp. In moderate-to-severe psoriasis, elevated levels of multiple proinflammatory cytokines stimulate keratinocyte hyperproliferation, which perpetuates a cycle of chronic inflammation.

**Case report :** A 52-year-old female having Psoriasis treated with methotrexate for 7 months reported the symptoms of persistent scaling, redness, pigmentary changes. She also had a history of Raynaud's phenomenon, photosensitivity, skin tightening, joint pain, dysphagia, and breathlessness. Besides this, the patient also had manifestations of systemic sclerosis. Examination revealed salt and pepper pigmentation, microstomia, taut skin, paraesthesia, and digital ulceration. Lab investigation indicated that ANA was 164.78, SCL 70 antibody was 118.46. HRCT thorax showed interstitial fibrosis. Pulmonary function test revealed restrictive lung disease. Patient was managed with IV methylprednisolone plus losartan, levothyroxine, and pantoprazole. Though methotrexate helped in resolving psoriatic plaques, drug induced pneumonitis worsened the Interstitial Lung Disease of systemic sclerosis. Hence the administration of methotrexate was stopped and for further management of Psoriatic plaques, topical corticosteroids were used.

**Conclusion:** 1. Previous studies have demonstrated a link between psoriasis and systemic sclerosis which correlates with PSORS1C1 gene, which is yet to be done on follow up of the patient.

2. Methotrexate is used in psoriasis and SSc because of its steroid sparing effect but drug induced pneumonitis overlapped ILD of systemic sclerosis. If the respiratory symptoms of systemic sclerosis patients were not improved on methotrexate, drug induced pneumonitis should be suspected and MTX should be stopped.