

THE COURSE OF PSORIASIS IN YOUNG AND OLDER CHILDREN

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ABSTRACT: Clinical and diagnostic parallels of modern features of the course of psoriasis and a number of psoriasiform dermatoses in childhood were carried out. A number of clinical symptoms are indicated that must be taken into account for accurate differential diagnosis of various dermatological conditions in children, which in some cases can be difficult.

Key words: Psoriasis, psoriasiform dermatoses, children.

INTRODUCTION: We observed 380 children diagnosed with psoriasis and other psoriasiform papulosquamous dermatoses; the age of the children ranged from 6 months. up to 17 years (mean age 11.3 ± 2.8 years), receiving inpatient and outpatient treatment in the period 2010–2022. There were $13.6 \pm 1.7\%$ more girls than boys (56.8 ± 2.5 and $43.2 \pm 2.5\%$, respectively).

MATERIALS AND METHODS : Features of the structure of a child's skin at different ages, the nature of care, the quality and rationality of nutrition, the presence of intercurrent pathological conditions and the use of medications for their treatment, contact with household chemicals, pollutants of the external environment or home, materials of clothing or shoes - all this and many other things are reflected in the condition of the skin [1]. Under modern conditions and the rhythm of life, these influences, through complex multidirectional mechanisms, lead to the formation of various hyperergic states and diseases that cause persistent morphofunctional disorders of the child's skin. In clinical practice, this is expressed in the formation of a number of features of the clinical picture and course of dermatoses, which often complicate the correct diagnosis [2].

RESULTS AND DISCUSSION: Thus, the clinical picture of guttate psoriasis in children, often occurring after an acute streptococcal infection, increasingly resembles the guttate form of parapsoriasis [3, 4]. On the one hand, the similarity of symptoms is due to the tendency of children's skin to exudative reactions, on the other hand, to well-known streptococcal-mediated immune reactions with damage to the vascular wall, causing the formation of a brownish-red tint of papules, which can be characteristic of both dermatoses [5].

A final diagnosis is possible after a histological examination. In Pic. 1 and 2 present clinical cases with the clinical picture described above. Also, certain difficulties arise in the differential diagnosis of psoriasis in patients with scanty manifestations of the disease and the location of rashes in atypical places, which often leads the doctor away from making the correct diagnosis.



Pic. 1. Guttate psoriasis in patient Ch., 9 years old. Rash on the skin of the thighs



Pic. 2. Guttate parapsoriasis with lesions on the skin of the thighs in patient S., 9 years old

If it is impossible to perform a diagnostic biopsy, the diagnosis is clarified during dynamic observation (Pic. 3).



Pic. 3. Guttate psoriasis on the skin of the ear (a) and the extensor surface of the arm (b) in patient I., 8 years old

During histological examination of the patient shown in Fig. Clinical case 3 (Fig. 4) reveals changes corresponding to psoriasis: pronounced hyperkeratosis, parakeratosis, Munro microabscesses under the stratum corneum, pronounced acanthosis with psoriasiform type of epidermal hyperplasia and thinning of the suprapapillary sections, hyperactivity of the basal layer of the epidermis, swelling of the dermal papillae, tortuous and dilated capillaries, extravasates, significant perivascular histiolympocytic infiltrates with an admixture of neutrophils [6].



Pic. 4. Pathohistological specimen of the skin of patient I., 8 years old.

Guttate psoriasis (see text for description). Here and in Figure 6, 9, 12, 16 hematoxylin and eosin staining In Pic. 5 presents a case of psoriasis of the palms and soles in patient D., 3 years old.



Pic. 5. Psoriasis of the palms and soles in patient D., 3 years old

In children, skin lesions are most often observed mainly in the crown area, less often in the back of the head and temples. The scales resemble asbestos fibers, which are difficult to separate. Lichen asbestos is always accompanied by itching of varying degrees of intensity. The hair is adjacent to the skin, dry, shrouded in small whitish scales. If the disease persists for a long time and there is no adequate help, diffuse hair thinning often develops.

The histological picture of asbestos-like lichen is characterized by the following changes: hyperkeratosis, parakeratosis and slight lymphocytic infiltration around the hair follicles, as well as dystrophic changes in the sebaceous glands.

CONCLUSION: Thus, modern features of the course of psoriasis and a number of psoriasiform dermatoses in childhood require constant monitoring and analysis in order to improve the diagnosis of these conditions and improve the possibilities of timely and adequate specialized dermatological care for young patients.

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