Psoriasis of the buccal mucosa

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ABSTRACT:
Psoriasis is a chronic, remitting and relapsing inflammatory skin disorder with a strong genetic predisposition.

Psoriasis affects 1-3% of the world population and making its first appearance in the 2nd and 3rd decades of life. Oral lesions of psoriasis are reported to be rare. Oral psoriasis involves 2% psoriatic patients and usually it is observed with the onset of cutaneous lesions and progresses with them. Here we report a case of psoriasis involving the buccal mucosa.

Key words: Oral psoriasis, Munro microabscesses, Auspitz’s sign

INTRODUCTION
The term Psoriasis is derived from the Greek psora, meaning scurf, itch, rash. The first clear description was given by Willan in 1808. Psoriasis is a chronic skin disease which has a physical impact on skin, but it also affects people’s feelings and behavior. Psoriasis affects 1-3% of the world population. Psoriasis can occur at any age but usually first develops during young adult life and may persist throughout a person’s lifetime with periods of exacerbation and remission. Clinically, skin lesions appear as papules and plaques covered by silvery scales. The oral manifestations of a psoriasis patient may include geographic tongue, fissure tongue, gingival and/or mucosal lesions. Histologically the epithelial changes that occur in psoriasis seem to be related to a defect in keratinocyte proliferation.

CASE REPORT
A 43yr old male reported to the out patient department of Panineya institute of dental sciences with a chief complaint of white patch in his right buccal mucosa that was present since 10 days. He noticed a small patch in his right buccal mucosa 10 days back and had steadily increased to the present size. The patient gave a history of psoriasis where the lesions were remitting and relapsing. He was under medication and stopped taking medicines since 2 years. There was no family history of similar dermatologic problems.
Extra oral examination revealed psoriatic lesions on the scalp. Intraoral examination revealed a raised white lesion in the right buccal mucosa with erythematous area in the posterior part of the buccal mucosa adjacent and opposite to the molars. The lesion was tender with an irregular surface [Fig 1]. A similar lesion was also seen on the left buccal mucosa. A provisional diagnosis of candidiasis with differential diagnosis of lichen planus was made. Incisional biopsy was done and sent for histopathological examination.

Haematoxylin and eosin stained sections of the tissue exhibited thick keratotic stratified squamous epithelium with acanthosis, elongated broad rete ridges, collection of neutrophils and RBC’s within keratin layer and superficial spinous cells. The underlying connective tissue is delicate with perivascular chronic inflammatory cell infiltrate [Fig 2, 3, 4]. No fungal hyphae were seen on PAS stained sections. The histologic appearance of the tissue and history of psoriasis were suggestive of Psoriasiform lesion involving the oral mucosa.

Discussion

Psoriasis, a disease affecting millions of persons worldwide, is a chronic inflammatory disease that has a profound adverse effect on patients physical, social and mental well-being. Psoriasis occurs in the second and third decades of life. It shows no sex predilection. Dark-skinned persons are seldom affected and American Indians are apparently not affected at all.

The exact etiology of psoriasis is unknown, but it appears to be a multifactorial disease with both genetic and psychosomatic factors. Various triggers such as trauma, infection and stress may cause new episodes. The disease is more severe in winter and less in summer. The epidermal changes that occur in psoriasis are due to an increase in the rate of epithelial cell proliferation. The normal turnover time of the buccal mucosa is 25 days. In psoriasis there is approximately 7-fold increase in the turnover time.

There are two forms of psoriasis, classical or psoriasis vulgaris and pustular psoriasis. Psoriasis vulgaris is the commonest type of psoriasis, accounting for 90% of all cases. Typical skin lesions of psoriasis appear as well circumscribed erythematous patches with overlying thick silvery scales. Itching is a common feature and elimination of the plaques may result in tiny bleeding points referred to as Auspitz’s sign. The most common complication of psoriasis is psoriatic arthritis.

Oral manifestations are rare in psoriasis. Oral psoriasis involves 2% of psoriatic patients and usually it is observed with the onset of cutaneous lesions and progresses with them. Patterns of oral psoriasis range from raised, white, scaling lesions predominantly on the palate or buccal mucosa to well-demarcated, flattened, erythematous lesions with a slightly raised, white, annular or serpiginous border. Oral lesions may disappear quickly or they may undergo exacerbations or remissions concomitantly with skin lesions. Diagnosis of oral psoriasis is best made when the clinical course of the oral lesion parallels that of the skin disease and is supported by microscopic findings.

Microscopic appearance of psoriasis varies with lesion age. In the fully developed lesions of psoriasis the histologic picture is characterized by: 1) acanthosis with regular elongation of the rete ridges and thickening in the lower portion 2) thinning of the suprapapillary epithelial layers 3) pallor of the upper layers of the epidermis 4) a diminished to absent granular layer 5) confluent parakeratosis 6) the presence of Munro microabscesses (parakeratosis with neutrophils) 7) elongation and edema of the connective tissue papillae and 8) tortuous capillaries. Of all these features, Munro microabscesses are characteristic for psoriasis. Munro microabscesses are found easily in early lesions but are few in number or absent in longstanding lesion.

Diagnosis of psoriasis is difficult sometimes because many diseases have signs or symptoms involving the skin. A careful history of skin abnormalities, including their appearance and the length of time the skin problem has existed is very important in diagnosis of psoriasis.

There is no lasting cure for psoriasis and lifetime control is often necessary. Treatment depends on severity of the disease. Corticosteroids form the basis of topical psoriasis treatment. They are efficacious and are well tolerated with few side effects.
Summary and Conclusion

In the present case the patient exhibited raised white lesion on the right and left buccal mucosa with a history of psoriasis. The histopathologic picture showed acanthosis, elongation and anastomosing rete ridges and microabscesses in the superficial layers of the epithelium. There was no basal cell degeneration and PAS stained sections did not show candidal hyphae. These above features were suggestive of oral manifestations of psoriasis. Hence psoriasis may be included as one of the differential diagnosis of white lesions.

References

1. Rose NR, Mackay IR. The autoimmune diseases. 2006; 811-814.