

Discussion on managing pediatric psoriasis in children.

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Introduction

Psoriasis is a chronic autoimmune skin disorder that affects people of all ages, including children. Pediatric psoriasis presents unique challenges in terms of diagnosis, management, and psychosocial impact. This article aims to discuss the strategies for managing pediatric psoriasis, including topical treatments, phototherapy, systemic therapies, and lifestyle modifications. It also highlights the importance of a multidisciplinary approach involving dermatologists, pediatricians, and mental health professionals to optimize the care and quality of life for children with psoriasis.

Diagnosis and impact of pediatric psoriasis

Diagnosing psoriasis in children can be challenging due to its variable presentation and resemblance to other skin conditions. Healthcare providers should consider the clinical features, family history, and physical and emotional impact on the child. Pediatric psoriasis can significantly affect a child's self-esteem, body image, and psychosocial well-being, making early detection and appropriate management crucial [1].

Topical treatments

Topical therapies are often the first-line treatment for pediatric psoriasis due to their favorable safety profile. Emollients and moisturizers help hydrate the skin and reduce scaling. Topical corticosteroids, calcineurin inhibitors (such as tacrolimus and pimecrolimus), and vitamin D analogs (such as calcipotriol) are commonly prescribed for managing inflammation and plaque reduction. Proper education and guidance on the application techniques and potential side effects of topical treatments are essential for parents and caregivers.

Phototherapy

Phototherapy involves exposing the affected skin to specific wavelengths of light to reduce inflammation and slow down abnormal cell growth. Ultraviolet B (UVB) phototherapy is a common treatment option for pediatric psoriasis, either as narrowband UVB or broad-spectrum UVB. Excimer laser therapy delivers targeted UVB light to affected areas, minimizing exposure to healthy skin. The use of phototherapy in children requires careful monitoring, adequate protection of unaffected skin, and consideration of potential long-term risks [2].

Systemic therapies

In cases where topical treatments and phototherapy are ineffective or inappropriate, systemic therapies may be

considered for pediatric psoriasis. Systemic treatments include oral medications and biologic agents. Methotrexate, acitretin, and cyclosporine are systemic medications used with caution in children due to their potential side effects. Biologic agents, such as tumor necrosis factor inhibitors and interleukin inhibitors, have shown promising results in severe pediatric psoriasis, but their use requires careful evaluation and monitoring [3].

Lifestyle modifications and supportive care

In addition to medical treatments, certain lifestyle modifications can help manage pediatric psoriasis. These include maintaining a healthy diet, avoiding triggers like stress and certain medications, and practicing good skincare routines. Supportive care and psychological support are crucial for children with psoriasis, as the condition can impact their self-esteem and emotional well-being. Education and counseling for the child and their family can provide coping strategies and foster a positive body image [4].

Multidisciplinary approach and long-term management

Managing pediatric psoriasis requires a collaborative effort involving dermatologists, pediatricians, mental health professionals, and parents or caregivers. Regular follow-up appointments are crucial to monitor treatment efficacy, adjust therapies, and address any concerns. Long-term management focuses on maintaining disease control, preventing flare-ups, and ensuring the child's overall well-being. Continued education and support for the child and their family are key components of successful long-term management [5].

Conclusion

Managing pediatric psoriasis involves a comprehensive approach that considers the unique needs of children. The appropriate use of topical treatments, phototherapy, systemic therapies, and lifestyle modifications can help alleviate symptoms and improve the quality of life for children with psoriasis. A multidisciplinary approach involving healthcare providers, mental health professionals, and supportive family environments is essential to address the physical and emotional impact of psoriasis in children. Ongoing research and advancements in treatment options offer hope for better outcomes in the management of pediatric psoriasis. By providing early diagnosis, effective treatment, and ongoing support, we can empower children with psoriasis to thrive and lead fulfilling lives.

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Received: 31-May-2023, Manuscript No. AADRSC-23-102560; Editor assigned: 05-Jun-2023, PreQC No. AADRSC-23-102560(PQ); Reviewed: 19-Jun-2023, QC No. AADRSC-23-102560; Revised: 23-Jun-2023, Manuscript No. AADRSC-23-102560(R); Published: 30-Jun-2023, DOI:10.35841/aadrsc-7.3.155

Citation: Claire A. Discussion on managing pediatric psoriasis in children. *Dermatol Res Skin Care*. 2023; 7(3):155

References

1. Gelfand JM, Weinstein R, Porter SB, et al. Prevalence and treatment of psoriasis in the United Kingdom: a population-based study. *Arch Dermatol.* 2005;141(12):1537-41.
2. De Jager ME, Van De Kerkhof PC, De Jong EM, et al. Epidemiology and prescribed treatments in childhood psoriasis: A survey among medical professionals. *J Dermatol Treat.* 2009;20(5):254-8.
3. Augustin M, Glaeske G, Radtke MA, et al. Epidemiology and comorbidity of psoriasis in children. *Br J Dermatol.* 2010;162(3):633-6.
4. Eisert L, Augustin M, Bach S, et al. S2k guidelines for the treatment of psoriasis in children and adolescents—Short version part 1. *J Dtsch Dermatol Ges.* 2019;17(8):856-7.
5. Todberg T, Egeberg A, Jensen P, et al. Psychiatric comorbidities in children and adolescents with psoriasis: a population-based cohort study. *Br J Dermatol.* 2017;177(2):551-3.

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