



ISSN Print: 2664-9772  
ISSN Online: 2664-9780  
Impact Factor: RJIF 5.42  
IJDS 2024; 6(1): 48-50  
[www.dermatologyjournal.net](http://www.dermatologyjournal.net)  
Received: 13-02-2024  
Accepted: 20-03-2024

**A Keita,**  
Bamako Dermatology Hospital  
(HDB), Gardener, Mali

**P Kitha**  
University Clinics of  
Dermatology, Venereology of  
CNHU-HKM of Cotonou,  
Benin

**B Guindo**  
Bamako Dermatology Hospital  
(HDB), Gardener, Mali

**D Labassou**  
Bamako Dermatology Hospital  
(HDB), Gardener, Mali

**L Cissé**  
Bamako Dermatology Hospital  
(HDB), Gardener, Mali

**M Diakité**  
Bamako Dermatology Hospital  
(HDB), Gardener, Mali

**P Kamaté**  
Bamako Dermatology Hospital  
(HDB), Gardener, Mali

**D Tounouga**  
University Clinics of  
Dermatology - Venereology of  
CNHU-HKM of Cotonou,  
Benin

**Z Diallo**  
Bamako Dermatology Hospital  
(HDB), Gardener, Mali

**K Tall**  
Bamako Dermatology Hospital  
(HDB), Gardener, Mali

**Corresponding Author:**  
**A Keita,**  
Bamako Dermatology Hospital  
(HDB), Gardener, Mali

## Psoriasis in a family mistaken for a curse: A case at the Bamako dermatology hospital

**A Keita, P Kitha, B Guindo, D Labassou, L Cissé, M Diakité, P Kamaté, D Tounouga, Z Diallo and K Tall**

DOI: <https://doi.org/10.33545/26649772.2024.v6.i1a.36>

### Abstract

The understanding of the pathogenesis of psoriasis has evolved into a branched model of innate and acquired immunity. Knowledge of the genetics of psoriasis has been found to be compatible with this model. The impact of psoriasis, beyond the skin, is often overlooked and undertreated. We report a case of familial psoriasis mistakenly taken for a curse. The patient was a twenty-year-old farmer from Kita who presented with initially asymptomatic, then progressively pruritic lesions that had been recurring intermittently since he was seven years old, with the latest recurrence occurring one month ago. Topical phyto-therapy had been used for these lesions. The persistence of the lesions and their stigmatizing nature prompted the consultation. There was no joint pain or other symptoms. His medical history revealed a similar dermatosis in his father and maternal aunt, which began at the ages of eighteen and twelve, respectively. There was no history of consanguinity. Upon examination, erythematous-squamous plaques of varying sizes and shapes were noted. Methodical scraping with a tongue depressor revealed the presence of removable scales, the sign of the "oil drop," and Auspitz's sign. These lesions were located on the ulnar borders of the hands, the inner and outer surfaces of the forearms, minimally on the abdomen, the lumbar diamond, the knees, all surfaces of the legs, and the dorsum of the feet. The Complete Blood Count, lipid profile, and fasting blood glucose were normal. Histopathology was not performed. A diagnosis of mild plaque psoriasis was established. Psoriasis is a chronic inflammatory skin disease with systemic manifestations, in which psychological factors play a significant role. The etiology of psoriasis is complex and multifactorial, involving genetic heritage and environmental factors such as emotional or physical stress. The holistic aspect of patient care is crucial in managing chronic conditions.

**Keywords:** Psoriasis, family, curse, Bamako

### Introduction

The understanding of the pathogenesis of psoriasis has evolved into a branched model of innate and acquired immunity. Knowledge of the genetics of psoriasis has been found to be compatible with this model. Inspired by these insights, pathogenesis-based treatments have emerged with unprecedented efficacy and durability. In particular, the cytokine network houses major therapeutic targets for biologic products containing TNF- $\alpha$ , the IL-17 family, IL-23, and, in the case of generalized pustular psoriasis, IL-36. Additionally, Jak TYK2, PDE-4, and AHR are targets for new small molecules in the treatment of psoriasis. Psoriasis research is an excellent showcase of translational medicine, resulting in pathogenesis-based treatments<sup>[1-3]</sup>. It has been noted anecdotally and in a selection of studies that the incidence of multiple sclerosis (MS) and psoriasis might be linked, but the nature of this association is unclear. The clustering of multiple autoimmune diseases within families may be related to genetic factors. It is not well established whether family members of people with MS are at increased risk of psoriasis<sup>[1, 4, 5]</sup>. Psoriasis is a common long-term skin condition associated with high levels of psychological distress and has a considerable impact on life. The impact of psoriasis, beyond the skin, is often overlooked and undertreated<sup>[6]</sup>. We report a case of familial psoriasis mistakenly taken for a curse.

### Observation

The patient was a twenty-year-old malian farmer from Kita who presented with initially asymptomatic, then progressively pruritic lesions that had been recurring intermittently since he was seven years old, with the latest recurrence occurring one month ago. Topical phytotherapy had been used for these lesions. The persistence of the lesions and their stigmatizing nature prompted the consultation. There was no joint pain or other symptoms. His medical history revealed a similar dermatosis in his father and maternal aunt, which began at the ages of

eighteen and twelve, respectively. There was no history of consanguinity.

Upon examination, erythematous-squamous plaques of varying sizes and shapes were noted. Methodical scraping with a tongue depressor revealed the presence of removable scales, the sign of the "oil drop," and Auspitz's sign. These lesions were located on the ulnar borders of the hands, the inner and outer surfaces of the forearms, minimally on the abdomen, the lumbar diamond, the knees, all surfaces of the legs, and the dorsum of the feet. The tongue and nails were unaffected. The PASI (Psoriasis Area and Severity Index) score was evaluated at 6.7 (Fig 1, 2, and 3).



**Fig 1:** Erythematous-squamous lesions of the upper limbs



**Fig 2:** Lower limb



**Fig 3:** Erythematous-squamous lesions of the anterior trunk and upper limbs

The Complete Blood Count, lipid profile, and fasting blood glucose were normal. Histopathology was not performed. A diagnosis of mild plaque psoriasis was established. The patient was prescribed topical keratolytics and oral acitretin, as well as psychotherapy for both himself and his parents. There was favorable evolution under this treatment within two weeks, with a decrease in erythema and the number of plaques.

### Argument

Psoriasis is a chronic inflammatory skin condition that presents a wide range of clinical manifestations. Plaque psoriasis, which is the most common manifestation of psoriasis, lies at one end of the spectrum, dominated by adaptive immune responses [4]. Psoriasis is a chronic inflammatory skin disease with systemic manifestations, in which psychological factors play a significant role. The etiology of psoriasis is complex and multifactorial, involving genetic heritage and environmental factors such as emotional or physical stress. Psychological stress can also play a role in exacerbating psoriasis, by dysregulating the

hypothalamo-hypophyseal-adrenal (HPA) axis, the sympathetic-adrenal-medullary axis, the peripheral nervous system, and the immune system. Skin cells also express various neuropeptides and hormones in response to stress, including the fully functional analogue of the HPA axis. The deterioration of psoriatic lesions is accompanied by increased production of inflammatory mediators, which could contribute to neurotransmitter imbalance and the development of symptoms of depression and anxiety. Therefore, dysregulation of crosstalk between endocrine, paracrine, and autocrine stress signaling pathways contributes to the clinical manifestations of psoriasis, necessitating multidisciplinary approaches<sup>[5-9]</sup>. Our patient's psoriasis was exacerbated by the stress he experienced from his surroundings. In our context, considering our cultures, any treated illness must necessarily be cured; the persistence of the disease after treatment indicates a curse (punishment) on the patient. Worse still is the observation that in our patient's family, his father and maternal aunt had the same problem as our patient. Our patient's situation further reinforced this hypothesis in their village. This observation once again highlights the importance of psychotherapy for patients and their families in the face of any chronic illness. Neglecting this aspect is a sign of failure in managing chronic diseases.

### Conclusion

The holistic aspect of patient care is crucial in managing chronic conditions. Additionally, effective public awareness campaigns facilitate the proper management of chronic diseases.

### References

1. Van de Kerkhof PC. From empirical to pathogenesis-based treatments for psoriasis. *J Invest Dermatol.* 2022 Jul;142(7):1778-1785.
2. Akiyama M. Pustular psoriasis as an autoinflammatory keratinization disease (AiKD): Genetic predisposing factors and promising therapeutic targets. *J Dermatol Sci.* 2022 Jan;105(1):11-17.
3. Sugiura K. The genetic background of generalized pustular psoriasis: IL36RN mutations and CARD14 gain-of-function variants. *J Dermatol Sci.* 2014 Jun;74(3):187-192.
4. Uppala R, Tsoi LC, Harms PW, Wang B, Billi AC, Maverakis E, *et al.* Auto-inflammatory psoriasis genetics and biology of pustular psoriasis. *Cell Mol Immunol.* 2021 Feb;18(2):307-317.
5. Charlton O, Phan K, Smith SD, Parratt J. Psoriasis in family members of patients with multiple sclerosis. *Mult Scler Relat Disord.* 2019 Nov;36:101421.
6. Moon HS, Mizara A, McBride SR. Psoriasis and psycho-dermatology. *Dermatol Ther (Heidelb).* 2013 Dec;3(2):117-130.
7. Marek-Jozefowicz L, Czajkowski R, Borkowska A, Nedoszytko B, Żmijewski MA, Cubała WJ, *et al.* The brain-skin axis in psoriasis - psychological, psychiatric, hormonal, and dermatological aspects. *Int J Mol Sci.* 2022 Jan 8;23(2):669.
8. Śluczanaowska-Głąbowska S, Jankowska O, Staniszevska M, Pawlik A. The involvement of semaphorins in the pathogenesis of skin diseases. *Int J Mol Sci.* 2023 Dec 7;24(24):17235.

9. Alto LT, Terman JR. Semaphorins and their signaling mechanisms. *Methods Mol. Biol.* 2017;1493:21-25.