Psoriasis and Paget's disease

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Summary

A case is described of localized psoriasis developing in response to Paget's disease of the underlying bone.

KEY WORDS: Koebner phenomenon, hyperaemia.

Introduction

Psoriasis is a chronic skin disease of unknown aetiology. A well-recognized feature is its propensity to appear in previously uninvolved skin in response to cutaneous injury—the Koebner phenomenon. Experimentally this reaction depends upon both epidermal and dermal injury, and psoriasis appearing in the skin as a local reaction to underlying disease is not recognized, although nail changes may appear in relation to an underlying distal psoriatic arthropathy. This case reports the development of psoriasis apparently in response to Paget's disease of the underlying bone.

Case report

A 63-year-old man had had psoriasis confined to small typical plaque lesions on his knees and elbows for 50 years. Over a period of about 4 years he noticed an insidious thickening and curvature of his left shin. Two years before presentation he developed a solitary extensive plaque of psoriasis over the affected part of the left shin. Examination revealed that the psoriasis was limited to the area overlying the tibia, which was severely affected by Paget's disease (Fig. 1). There was marked local hyperaemia. There was no evidence of psoriasis or Paget's disease elsewhere. X-ray of the left leg showed gross cortical thickening and loss of trabecular pattern in the tibia (Fig. 2). The serum alkaline phosphatase was 108 iu/l (normal 30-85 iu/l).

Discussion

The localization of this man's psoriasis would suggest a relationship to the underlying bone disease. A striking and characteristic feature of psoriasis is its

FIG. 1. Plaque psoriasis on the left shin, overlying the tibia which is severely affected by Paget's disease.

appearance in areas of cutaneous injury—the Koebner phenomenon. Although the Koebner phenomenon has been recognized for nearly 200 years, its precise mechanism remains obscure. Experimentally it requires both epidermal and dermal injury (Eddy, Aschheim and Farber, 1964) and psoriasis appearing as a reaction to internal disease is not recognized.

Marked vascular shunting is known to occur in bone affected by Paget's disease, and may be severe enough to precipitate heart failure. Stankler (1974)

FIG. 2. X-ray of the left tibia showing advanced Paget's disease.

reported a serum psoriasis inhibitory factor in some patients with psoriasis—especially in the convalescent phase. Perhaps in the case here reported such a factor was being shunted away from the skin in the affected area by the underlying disordered bone. This case possibly provides us with a further clue to our understanding of this enigmatic disease.

References

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