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Diploma in Pharmacy 2nd Year
Pharmacotherapeutics
Experiment

To Prepare and Discuss notes on Subjective, Objective, Assessment and Plan for Psoriasis (real / hypothetical)

Aim:

To Prepare and Discuss notes on Subjective, Objective, Assessment and Plan for Psoriasis (real / hypothetical)

Reference :

‘ Dr. Gupta G.D. , Dr. Sharma Shailesh, Dr. Sharma Rahul Kumar, “Practical Manual of Pharmacotherapeutics” Published by Nirali Prakashan, Page no 64 - 68

Theory :

1.Psoriasis

i) Case I

a. Subjective:

- **Name:** Mr Moon OO
- **Age:** 38 yrs
- **Sex:** Male
- **Unit:** MED II
- **DOA:** 2/09/2005
- **Reason for Admission:** Chief complaint of full body psoriasis, psoriasis nummularis, scales, itching. After first contracting the disease in September 2005, the patient received a biopsy at a western hospital in 2007, and began using Daivonex and Dethasone. No improvement was shown, and he stopped using the ointments and was admitted to an oriental clinic.

- **Past Medical History:** Nil
- **Past Medication History:** Dithranol (Anthralin), Salicylic acid, Dovonex and UV phototherapy.
- **Family History:** hypertension on treatment, Mother- well. No family history of psoriasis or arthritis
- **Allergies and Social History**: Nil

b. Objective:

- **Height:** 5'3"
- **Weight:** 60 kg
- **PR:** 75 bpm
- **Temperature:** 38.0°C
- **BP:** 132/76 mmHg
- **RS:** 16/min
- **Oxygen Saturation:** 95%

c. Assessment:

- **Physical Examination:** Subdued pulse, red tongue color & white coat on patient's tongue. Scattered erythematous medium to large plaques on chest, upper back, lower limbs, thighs, scalp and face, with silvery scale. No palpable lymph nodes, jaundice, pallor or oedema.
- **Neurological:** Normal level of consciousness, alert and co-operative Gait, power, tone, sensation and reflexes intact and functioning within normal limits.
- **Dermatological:** Scattered erythematous medium-large plaques on chest, upper back, lower limbs, thighs, scalp and face, with silvery scaling. Flexural involvement. Positive Auspitz sign (capillary bleeding occurring after overlying scale removed) PASI score (psoriasis area severity index) was E3 S3

13. indicating that erythema, scale and induration were all severe, with BSA (body surface area of >25%).
The PASI is a measure of overall psoriasis severity and coverage that assesses body surface area, erythema and scaling. Scalp lesions extended to the face. Several lesions on the upper back were tumour-like.

- **Skin Biopsy:** Due to the unusual morphology of some of his lesions on the upper back, being tumour like, a skin biopsy was performed to exclude Mycoses Fungoides (MF), but the skin biopsy confirmed Psoriasis
- **Complete Blood Count:**

- **Complete Blood Count:**

Admission	Patient result	Reference ranges
WBCC	9.09	4-12x10^9/L
FBC	14.8	12.1-15.2g/L
Platelets	265	140-450x109/L
Diff Count:		
Neutrophils	6.43	2.0 -7.50x10^9/L
Lymphocytes	1.57	1.0 - 4 x10^9/L
Eosinophils	0.28000000000000003	0.0 .0.45 x10^9/L
Urea	4.0999999999999996	(2.5-6.4 mmol/L)
Creatinine	81	(62-115 mmol/L)
Liver function tests		
Total bilirubin	10	0-21µmol/l
Conjugated bilirubin	2	0-6µmol/l
Total Protein	73	60-85g/l
Albumin	45	35-52g/l
Alkaline phosphatase	77	40-120 U/l
y-Glutamyl transferase	16	0-35 U/l
Alanine transaminase	16	5-40 U/l
Lactate dehydrogenase	450	240-480 U/l
Amylase	46	28-110 U/l
Lipase	42	0-60 /l

d. Plan - Treatment:

- The patient was transferred to systemic treatment with methotrexate (MTX) 25mg per week because the adequately provided conventional psoriasis treatment with topical and phototherapy was not being tolerated by the patient. Additionally, he began taking folic acid supplements..

ii) Case II

a) Subjective:

- **Name:** Mr XYZ
- **Age:** 49 yrs
- **Sex:** Male
- **Unit:** MED II
- **DOA:** 2/09/2005
- **Reason for Admission:** Chief complaint of red patches with itching and burning sensation all over the body for 10 years.
- **Past Medical History:** 10 years back, then he noticed some small spots of dryness with itching and shedding of silvery white scales over the right leg.
- **Past Medication History:** topical and oral steroids
- **Family History:** No family history of psoriasis or arthritis.
- **Allergies and Social History:** Nil

b) Objective:

- **Height:** 5'2"
- **Weight:** 62 kg
- **BP:** 120/80 mmHg
- **PR:** 74 bpm
- **RS**: 18/min
- **Temperature:** Afebrile
- **Oxygen Saturation:** 93%

c) Assessment - Physical Examination:

- **General Physical Examination:** Patient was a well-nourished male with average built and wheatish color, but appeared anxious. There were no palpable lymph nodes, jaundice, pallor or oedema. His vital signs were within normal limits.
- **Systemic Examination:**
  - **Chest:** Clear to auscultation bilaterally
  - **CVS:** S1 & S2 audible; no murmurs, no added heart sounds heard
  - **Abdomen:** soft, non-tender, non-distended; no organomegaly, normal bowel sounds
  - **Neurological Examination:** alert and co-operative, normal level of consciousness, no gait disturbance; normal sensation and normal knee & ankle tendon reflexes, abdominal reflexes and plantar reflex
  - **Musculoskeletal Examination:** no joint swelling, no joint tenderness, no joint effusion; no joint deformities, normal range of motion in all joints
  - **Dermatological Examination:**
    - Generalisd, symmetrical, well-demarcated, medium to large erythematous plaques with silvery white scales were found over the abdomen, back, arms and legs,
    - Auspitz sign (pinpoint bleeding within the lesion on the removal of psoriatic scale) was positive,
    - PASI (Psoriasis Area and Severity Index) score was 40.5, revealing that erythema (redness), induration (thickness), and desquamation (scaling) were all severe, with involvement of about 90% body surface area (BSA).

Sr. No.	Parameters		Baseline (at 0 Week)	After Treatment (at 12 Week)
	Hb (g/dL)		14	14.3
	RBC Count (million/cumm)		5.1	5.13
	Platelet Count (lakh/cumm)		2.06 2.2	2.2
	TLC (cells/cumm)		7400	6200
	DLC (%)	Neutrophils	52	46
		Lymphocytes	41	42
		Eosinophils	3	6
		Monocytes	4	6
		Basophils	0	0
	ESR (mm)	1st Hour	22	9
		2nd Hour	45	20
	Serum Bilirubin (mg/dL)		0.49	0.46
	SGOT (IU/L)		25	20
	SGPT (IU/L)		26	18
	S. Alkaline Phosphatase (IU/L)		72	66
	Serum Creatinine (mg/dL)		1.1	0.9
	Blood Urea Nitrogen (mg/dL)		22	14
	Fasting Plasma Glucose (mg/dL)		90	89

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- **Laboratory Investigation:**
- **Improvement in PASI Score**

Visit	PASI Score	Percentage Reduction in PASI Score (%)
Baseline (0 day)	40.5	00.00
1st Follow-up (4 week)	27.0	33.33
2nd Follow-up (8 week)	10.0	75.31
Last Follow-up (12 week)	2.2	94.57

d)Plan-Treatment Regimen:

- **Conventional Therapie Managemnt:** Includes topical agents (eg corticosteroids, calcineurin inhibitors, anthralin, etc), and systemic agents (eg. methotrexate, cyclosporine, acitretin, etc.).
- **Treatment with Unani Formulations:** Itrifal Shähtra and Marham Hinä used in this case study showed significant improvement in the signs and symptoms of psoriasis, as PASI score was reduced from 40.5 at baseline to 2.2 after 12 weeks of treatment.

Result :

Notes on subjective, objective, assessment and plan for Psoriasis (real/ hypothetical) disease conditions was prepared and discussed.

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