

GUTTATE PSORIASIS

OVERVIEW

Guttate [GUH-tate] psoriasis is a form of psoriasis that often starts in childhood or young adulthood. This is the second most common type of psoriasis, after plaque psoriasis. About 10 percent of people who get psoriasis develop guttate psoriasis.

SYMPTOMS

This form of psoriasis appears as small, red, separate spots on the skin. Guttate lesions usually appear on the trunk and limbs and not uncommonly number in the hundreds. Sometimes lesions form on the scalp, face and ears. They are not usually as thick as the lesions that characterize plaque psoriasis. This form can precede or co-exist with other forms of psoriasis, such as plaque.



Guttate psoriasis often comes on quite suddenly. There are a variety of known triggers, including:

- Upper respiratory infections
- Streptococcal infections
- Tonsillitis
- Stress
- Injury to the skin
- Certain drugs (including antimalarials and beta blockers)

A streptococcal infection of the throat (strep throat) is a common guttate psoriasis trigger. Strep throat can be present without symptoms and can still cause a flare of guttate psoriasis. Talk with your doctor about getting a strep test to determine if you have an underlying strep infection.

TREATMENT

Topicals are considered the preferred treatment for guttate psoriasis. However, people often find it tedious to apply them to the multiple small "drops" on their skin. Phototherapy treatment with ultraviolet light B (UVB) or PUVA (the light-sensitizing drug psoralen plus ultraviolet light A) is also very effective for guttate psoriasis.

Only in severe cases will doctors prescribe systemic medications (drugs given orally or by injection) for this type of psoriasis. Sometimes a short course of one of these drugs results in rapid and prolonged clearing.

FOR MORE INFORMATION

Contact a National Psoriasis Foundation health educator if you need more information by calling 800.723.9166 or emailing education@psoriasis.org

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