

## Ophthalmological Manifestations in Patients with Psoriasis

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101 patients suffering from psoriasis have been examined ophthalmologically, in order to determine the incidence of the eye symptoms. The most important finding was iridocyclitis (uveitis) which was present in 3 out of 7 patients suffering from psoriatic arthritis. *Key words: Psoriatic arthritis; Uveitis.* (Received May 2, 1984.)

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Associated ophthalmological manifestations in psoriasis have often been noted in the form of blepharitis, conjunctivitis, keratitis, xerosis, symblepharon and trichiasis (1, 2), whereas reports on complicated cataract are extremely rare and probably coincidental (3). Uveitis has also been rarely noted in patients with psoriatic arthropathy (4). The aim of the present study is to investigate the frequency of eye manifestation in psoriatic patients.

### MATERIAL AND METHODS

The material comprised 101 psoriatic patients who were subjected to slit lamp examination. 65 of the psoriatic patients were males and 36 were females.

### RESULTS AND DISCUSSION

The eye findings were multiple, however those related with psoriasis were the following: Non specific opacities of the cornea, Dellen of the cornea, conjunctivitis, Pannus, trichiasis, cataract, iritis, and iridocyclitis (uveitis).

The results of the study are summarized in Table I.

The analysis of the most important eye findings i.e. cataract and uveitis is as follows:

1) Cataract. 45 patients suffering from all types of psoriasis were found with cataract formation of different severity. The mean age of the psoriatic patients with cataract formation was 69 years ( $\bar{x} \pm SD = 69 \pm 8$ ). The incidence of cataract among them did not

Table I. Results of the eye examination in 101 patients

No.	Eye findings	No. of patients	Type of psoriasis
1	Non specific opacities of the cornea	18	Non predilection to a certain type
2	Dellen of the cornea (a pit of the corneal surface)	1	Nummular psoriasis
3	Conjunctivitis	28	Non predilection to a certain type (26 were under PUVA treatment)
4	Pannus (infiltration of granular tissue after superficial vascularization)	2	1. Plaque type 2. Pustular psoriasis (Zumbush)
5	Trichiasis (the ash touch the cornea)	2	Plaque type
6	Cataract	45	Non predilection to a certain type
7	Iritis (pigment in the pupil's area)	2	Plaque type
8	Uveitis	3	Psoriatic arthropathy

Table II. *Information about our 3 patients with psoriatic arthropathy and uveitis*

No.	Sex	Age	Duration of psoriasis (years)	Type of psoriasis	HLA	Arthropathy	Genital infections	Conjunctivitis
1	Male	75	14	Erythroderma and pustular form	B27	Asymmetrical involvement of SCG, sacroiliitis, peripheral arthritis	No	No
2	Female	70	15	Plaque type	B16	Spondylitis, sacroiliitis, peripheral arthritis	No	No
3	Male	45	5	Plaque type	Not done	Peripheral arthritis	No	No

differ from that of the normal population of the same age group. Duke-Elder in his Textbook of ophthalmology points out that the occurrence of cataract in patients with psoriasis is incidental (5).

Only one man aged 38 had crystalline needle-shaped cataract in all layers of the lenses causing impairment of vision (6/12).

2) Uveitis. Three patients out of seven suffering from psoriatic arthritis were found with clear symptoms of old uveitis (posterior synechial keratic precipitates-iris; colouring in the pupil's area and in the corneal endothelium). The presence of the chronic uveitis in three patients suffering from psoriatic arthropathy is a remarkable and rare finding. On the contrary uveitis is rather common in other diseases as Reiter's disease (30%) and ankylosing spondylitis (25%) (6, 7). In order to exclude arthropathic psoriasis from the above diseases, a number of examinations have been performed (Table II). It is well known that ankylosing spondylitis, Reiter's disease and arthropathic psoriasis form a group of seronegative rheumatological diseases with common clinical symptoms i.e. inflammatory complications of the spinal cord, sacroiliitis, skin involvement and inflammatory disturbances of the eyes (7, 4). This seronegative polyarthropathy is accompanied by a significant increase of HLA B27 (4). In psoriatic arthritis the presence of HLA B27 is remarkably smaller than in Reiter's disease or in ankylosing spondylitis (13% in peripheral psoriatic arthropathy, 50% in psoriatic spondylitis-sacroiliitis (4).

From the above is concluded that the presence of chronic uveitis in patients with psoriatic arthritis is another relationship between psoriatic arthropathy and the rest of seronegative rheumatological diseases.

A routine eye examination in order to detect uveitis in these psoriatic patients is necessary.

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