



POSTER PRESENTATION

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Atopy in cutaneous and arthropatic psoriasis

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Introduction

Psoriasis is a chronic inflammatory disease where keratinocytes are stimulated to hyperplasia by immunocytes organised in a Th17/Th1-type (T-helper cell) dominated response [1,2]. In about 15% of the patients with psoriasis, arthritis will develop [3,4]. There have been studies which demonstrated antagonism between atopy and mainly Th-1 driven inflammatory and autoimmune diseases such as rheumatoid arthritis in which the presence of atopy confers a milder course of the disease [5].

Serum IgE levels have been investigated in psoriatic patients in the past. Nevertheless, there is little account for clinical correlation and no patients with psoriatic arthritis have been included in these investigations. Previous studies have found increased total levels of IgE together with increased sensitization for specific inhalation allergens and even increased prevalence of atopic diseases [6-10].

Aim

The aim of this paper is to describe clinical and serological atopic manifestations in patients with psoriatic arthritis in more detail and compare this to patients with cutaneous psoriasis and a control group.

Patients and methods

One hundred and fifty outpatients with psoriatic arthritis (PSA), 150 patients with cutaneous psoriasis without arthritis (PSO), and a control group (CO) consisting of 150 patients with varicosities of the legs were included. Patients filled in a questionnaire on clinical atopic manifestations and blood was drawn for total IgE and specific inhalant IgE (Phadia AB, Sweden) determination.

Results

The prevalence of patient reported asthma was 8%, 15% and 20% in PSA, PSO and CO groups respectively. For

hay fever we found prevalences of 9%, 14% and 19%. The percentages of patients currently using inhalators were: 3%, 5% and 12%. These differences were only significant for PSA vs. CO (chi square $p < 0,05$).

The percentages of patients with total IgE level > 100 kU/L was significantly lower in the PSA group compared to the PSO and CO group. (13% vs. 31% vs. 23% $p = 0.022$).

Also the percentage of patients with increased level of inhalant allergen specific IgE $> 0,35$ phadiaU/L was lower in the PSA group (20% vs. 37% vs. 36% $p = 0,006$).

Conclusions

Patients with psoriatic arthritis have lower prevalences of clinical manifestations of atopy as well as of its serological markers when compared to patients with cutaneous psoriasis or non-psoriatic patients.

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