DermNet NZ

Authoritative facts about the skin from the New Zealand Dermatological Society Incorporated.

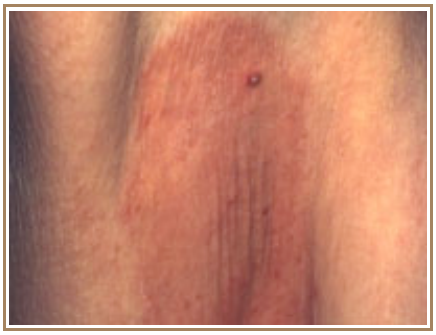
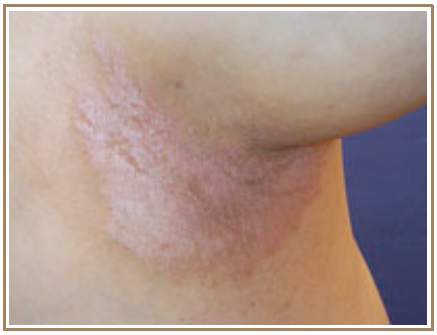
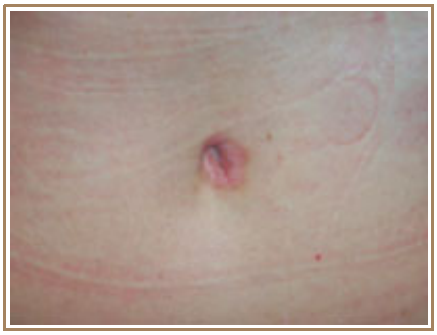
Flexural psoriasis

In some patients, psoriasis localises to the skin folds and genitals:

- Armpits
- Groin
- Under the breasts
- Umbilicus (navel)
- Penis
- Vulva
- Natal cleft (between the buttocks)
- Around the anus

Many patients have typical psoriasis elsewhere.

Flexural psoriasis

Clinical features

Due to the moist nature of the skin folds the appearance of the psoriasis is slightly different. It tends not to have silvery scale, but is shiny and smooth. There may be a crack (fissure) in the depth of the skin crease. The deep red colour and well-defined borders characteristic of psoriasis may still be obvious.

Scaly plaques may sometimes occur however, particularly on the circumcised penis.

Complications of flexural psoriasis include:

- Chaffing and irritation from heat and sweat
- Secondary fungal infections particularly candida (thrush)
- Lichenification (a type of eczema) from rubbing and scratching
- Sexual difficulties because of embarrassment and discomfort
- Thinned skin due to long term overuse of strong topical steroid creams

Treatment

Flexural psoriasis responds quite well to topical treatment but often recurs.

Topical steroids

Weak topical steroids (often in combination with an antifungal agent to combat thrush) may clear flexural psoriasis but it will usually recur sometime after discontinuing treatment. Stronger topical steroids need to be used with care, only for a few days, thinly and very accurately applied to the psoriasis. If the psoriasis has cleared, stop the steroid cream. The steroid cream may be used again when the condition recurs.

Overuse of topical steroids in the thin-skinned body folds may cause stretch marks, marked thinning of the skin and can result in long term aggravation of psoriasis (tachyphylaxis).

Vitamin D-like compounds

Calcipotriol cream is an effective and safe treatment for psoriasis in the flexures and should be applied twice daily. If it irritates, it can be applied once daily and hydrocortisone cream 12 hours later.

Systemic agents are rarely required for limited flexural psoriasis and phototherapy is relatively ineffective because the folds are hidden from light exposure.

Related information

References:

On DermNet NZ:

- General information about psoriasis
- Guttate psoriasis
- Chronic plaque psoriasis
- Scalp psoriasis
- Palmoplantar psoriasis
- Nail psoriasis
- Pustular psoriasis
- Palmoplantar pustulosis
- Erythrodermic psoriasis
- Psoriatic arthritis
- Treatment of psoriasis

Books about skin diseases:

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DermNet does not provide an on-line consultation service.
If you have any concerns with your skin or its treatment, see a dermatologist for advice.