

Psorijaza i terapija beta-blokatorima

Psoriasis and beta-blocker therapy

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KLJUČNE RIJEČI: beta-blokatori, psorijaza uzrokovana lijekovima, klinička prezentacija, kožne nuspojave uzrokovane lijekovima, psorijaziformna erupcija.

KEYWORDS: beta-blocking agents, drug induced psoriasis, clinical presentation, adverse drug reaction, psoriasiform eruption.

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CILJ: Prikazati povezanost terapije beta-blokatorima i pojave ili egzacerbacije psorijaze.

UVOD: Beta-blokatori su terapijska sredstva koja su često povezana s pojavom, egzacerbacijom i pogoršanjem psorijaze. Psorijaziformne erupcije se češće razvijaju u bolesnika s negativnom osobnom ili obiteljskom anamnezom psorijaze. Klinički, psorijaza uzrokovana lijekovima se pojavljuje u širokom spektru različitih kliničkih prezentacija. Iako se najčešće prezentira u blagom do umjerenom kliničkom obliku, kliničke manifestacije mogu biti u rasponu od psorijaze karakterizirane plakovima do generalizirane psorijaze, pustularne psorijaze te teške eritrodermije. Psorijaziformne erupcije obično nastaju 1-16 mjeseci nakon početka terapije i povlače se nekoliko tjedana do dva mjeseca po prekidu uzimanja lijeka. Važno je razlikovati različite tipove psorijaze uzrokovane lijekovima, razlikujući psorijazu uzrokovanu lijekom i psorijazu pogoršanu lijekom. Psorijaza uzrokovana lijekom uključuje bolesnike bez prethodne osobne ili obiteljske anamneze psorijaze, karakteriziranu regresijom psorijaziformnih lezija po ukidanju lijeka. Psorijaza pogoršana lijekom uključuje bolesnike s pozitivnom osobnom ili obiteljskom anamnezom psorijaze, karakteriziranu progresijom kožnih lezija čak i nakon ukidanja lijeka. Ipak, u većini slučajeva psorijaze uzrokovane lijekovima, regresija kožnih lezija se obično opaža nakon nekoliko tjedana po ukidanju uzročnog lijeka. Ostale terapijske opcije u liječenju psorijaze uzrokovane beta-blokatorima ovise o kliničkom tijeku kao i o težini kožnih lezija.

ZAKLJUČAK: Važno je prepoznati psorijazu uzrokovanu beta-blokatorima, s obzirom na to da dovodi do značajnog psihološkog stresa i stigmatizacije bolesnika. Odluka o prekidu terapije beta-blokatorima i promjena na alternativne skupine lijekova mora biti temeljena na omjeru koristi i rizika, uključujući težinu kožnih lezija kao i ukupno zdravlje pacijenta.

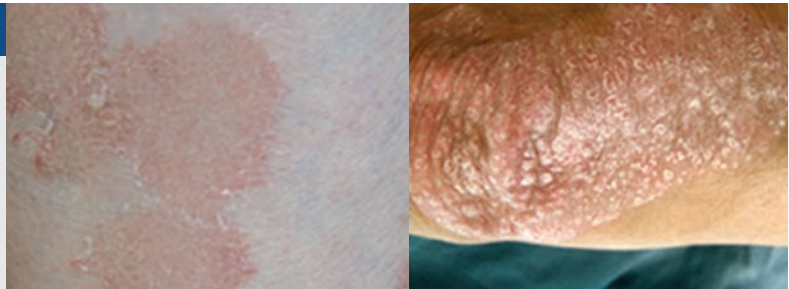
THE AIM: To present the association between the beta-blocker therapy and the induction or exacerbation of psoriasis.

INTRODUCTION: Beta-blockers are therapeutic agents commonly associated with initiation, exacerbation, and aggravation of psoriasis, more frequently developing in patients with no personal or family history of psoriasis. Clinically, drug-provoked psoriasis is presenting in different clinical presentations. Although, it is commonly presenting in mild to moderate clinical form, clinical manifestations can range from plaque-type psoriasis to generalized psoriasis, pustular psoriasis or severe erythroderma. Psoriasiform eruptions usually appear 1 to 16 months following initiation of the therapy, and resolve several weeks to two months of discontinuing the drug. It is important to distinguish different types of drug-provoked psoriasis identifying drug-induced psoriasis and drug-aggravated psoriasis. Drug-induced psoriasis includes patients with no previous personal or family history of psoriasis, characterized by the regression of psoriasiform lesions following cessation of the drug. Drug-aggravated psoriasis, includes patients with a positive personal or family history of psoriasis, characterized by the progression of skin lesions even after cessation of the drug. However, in the majority of cases of drug-provoked psoriasis, regression of the skin lesions is usually observed after several weeks following discontinuation of the causative medication. Other therapeutic options in management of beta blocker provoked psoriasis depend on the clinical course and severity of the skin lesions.

CONCLUSION: It is important to recognize drug-provoked psoriasis considering it results in a significant psychological distress and stigmatization of the patient. Decision on withdrawal of the beta blocking drugs and converting to an alternative drug, must be based upon benefit-risk ratio, including severity of skin lesions as well as patient's overall health.

FIGURE 1.

Clinical features of psoriasis provoked by beta blocking agents, including mild and more severe symptoms: discrete erythematous-squamous lesion and thick, silvery, scaly, erythematous plaque.



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