

Psoriasis in pregnancy- Zeenat Meraj- Centre for Specialized Care and Research

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Despite the high frequency of disease in general population, as well as women in reproductive years, available information about the effects of Psoriasis on Pregnancy and Pregnancy on Psoriasis is limited. Most of the changes are more likely to be reported as an improvement. This assumption can be applied more convincingly to plaque type Psoriasis. While exception is represented by generalised Pustular Psoriasis which has been somehow linked to Impetigo Herpetiformis & psoriatic Arthritis. Recent observations show some association between Psoriasis and Pregnancy complications like pregnancy induced hypertension and trends towards early rupture of membranes, caesarean deliveries, low birth weight babies and preterm delivery. Safety profiles of various drugs are incompletely understood. Moisturizers and low to

moderate topical steroids or Ultraviolet B phototherapy as the first line. For those women diagnosed with pregnancy discontinuation of Methotrexate three months before conception for both partners is mandatory. Patients receiving agents like Biologics for Psoriatic arthritis can continue till end of second trimester as they do not cross placental barrier. Lipophilic steroids may also be continued as they too don't cross placental barrier. For those women whose Psoriasis improves during pregnancy the interruption of therapy can be a reasonable strategy. The objective of this presentation is to give practical information about clinical, prognostic aspects as well as counselling the couples contemplating pregnancy and management once the patient becomes pregnant.