



PSORIASIS

## A CLINICO-ETIOLOGICAL STUDY OF SCALING SCALP

*Sruthi Kondaveeti<sup>(1)</sup> - Venkata Satya Bhaskara Rama Murthy Damaraju<sup>(1)</sup>*

*Katuri Medical College & Hospital, Department Of Dermatology, Venereology & Leprosy, Guntur, India<sup>(1)</sup>*

**Introduction:** Scaly scalp is a fairly common dermatosis for which patients seek dermatologist's intervention. Most of the time, all scaly scalp disorders are labelled under a common umbrella as dandruff. Scalp psoriasis is often difficult to diagnose and most of the times underdiagnosed. It warrants thorough search of scalp and other bodily sites for the evidence of psoriasis. Against this backdrop, present study was taken up to study the prevalence of various conditions leading to scaly scalp and morphological characteristics of scaly scalp.

**Objective:** To document the clinico-epidemiological data and various etiological aspects of scaly scalp disorders, to delineate these various dermatoses and to compare the scaling scalp area & severity score in various dermatoses.

**Materials and Methods:** This study was a hospital based descriptive (prospective) study involving 100 patients presenting with a primary complaint of scaling scalp done for a period of twenty months. Epidemiological data, detailed history of the patient, Clinical examination details were noted & assessment of degree of scaling (four-quadrant based calculation of area & severity score of the scaling scalp) was done.

**Results:** Silvery white/ flaky scales were the most seen scale type among the study population, of which 95.83% were scalp psoriasis. Greasy scales were a predominant scale type of sebo-psoriasis. Majority of the study population were diagnosed with psoriasis capitis (71%) followed by questionable seborrheic dermatitis (12%). Vertex was the most frequently involved area. Majority of cases had the scaling scalp area & severity scores between 11 to 20.

**Conclusions:** In every case of so-called dandruff, one must look for clues of psoriasis which may be subtle or well-expressed either on classical areas or in hidden areas. It needs to be elucidated whether patients presenting with greasy scales in seborrheic distribution should be labelled as cases of seborrheic dermatitis or sebo-psoriasis.

