Genital Psoriasis

papaa®

A positive approach

to psoriasis and

psoriatic arthritis

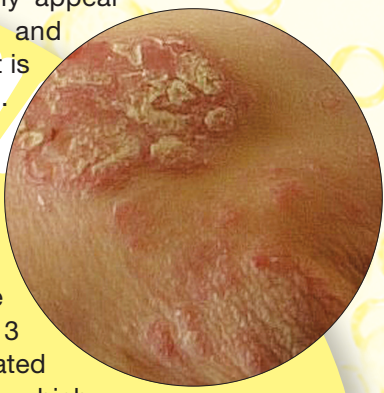
What are the aims of this leaflet

This leaflet has been written to help you understand what genital psoriasis is, what causes it, how to cope with it and the different treatments available.

Contents

What is psoriasis?

Psoriasis (sor-i'ah-sis) is a long-term (chronic) scaling disease of the skin which affects around 1 in 50 people, which is about 1.3 million, or around 2% of the UK population. It usually appears as red, raised, scaly patches known as plaques. Any part of the skin surface may be involved but the plaques most commonly appear on the elbows, knees and scalp. It can be itchy but is not usually painful. Nail changes, including pitting and ridging, are present in nearly half of all those who have psoriasis.



For those that have psoriasis around 1 in 3 may develop an associated psoriatic arthritis (PsA), which is about 400,000 people, or around 0.6% of the UK

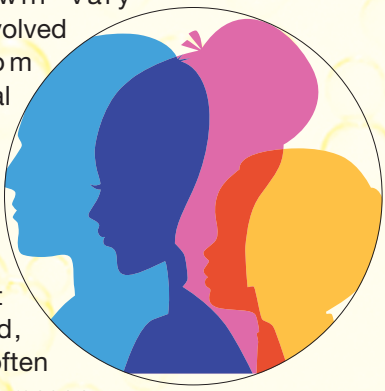
population. PsA causes pain and swelling in the joints and tendons, accompanied by stiffness particularly in the mornings. The most commonly affected sites are the hands, feet, lower back, neck and knees, with movement in these areas becoming severely limited. For more detailed information, see our leaflets ***What is psoriasis?*** and ***What is psoriatic arthritis?***

What happens in psoriasis?

Normally a skin cell matures in 21 to 28 days. During this time it travels to the surface, where it is lost in a constant, invisible shedding of dead cells. In patches of psoriasis the turnover of skin cells is much faster, around 4 to 7 days, and this means that even live cells can reach the surface and accumulate with dead cells. This process is the same wherever it occurs on the body. The extent of psoriasis and how it affects an individual varies from person to person. Some may be mildly affected with a tiny patch hidden away which does not bother them, while others may have large, visible areas of skin involved that significantly affect daily life and relationships. Psoriasis is not contagious, therefore you cannot catch it from another person. The cause of psoriasis is currently unknown.

What is genital psoriasis?

As the term suggests, genital psoriasis (GenPs) is psoriasis in the genital area. Sometimes this can be the only area affected. Genital psoriasis affects approximately 63% of people with psoriasis at least once in their lifetime. The presentation will vary according to the site involved and may range from plaques on the external genitalia to fissures in between the buttocks. Usually, genital psoriasis does not resemble the thick, red, scaly plaques seen in other areas. It appears as bright red, shiny patches of skin, often with no scale on top. The reason

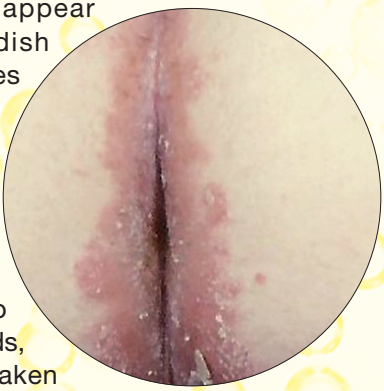


for this is that the affected sites are usually covered, which helps the lesions to retain moisture and therefore appear redder and less scaly.

All age groups may be affected by genital psoriasis, including babies. Involvement of the genital area in this age group is often described as nappy psoriasis, which may appear very red and can be alarming to parents, who need reassuring that this is usually not a painful condition.

Affected sites

- **The pubic region** – a common site of genital psoriasis, which can be treated in the same way as scalp psoriasis, but be aware that the skin in this area is likely to be more sensitive than on the scalp.
- **Upper thighs** – psoriasis on the upper thighs is likely to appear as small round patches, which are red and scaly. Any psoriasis between the thighs can become more easily irritated by the friction caused by thighs rubbing together when you're moving. Reducing the friction between your legs will relieve sweatiness and irritation. Liberal use of emollients will help with this particular problem.
- **Skin folds between thigh and groin** – psoriasis in this area will normally appear nonscaly and reddish white in the creases between the thigh and groin, and may become sore with cracks forming. Overweight or sporting people may be susceptible to thrush in the skin folds, which can be mistaken for psoriasis. Like genital psoriasis, it can cause the same irritation from friction of the skin, so a correct diagnosis is essential for proper treatment.



- **Psoriasis of the vulva** – commonly appears to be smooth, non-scaly and red. The liberal use of emollients will help reduce any irritation in this area, which would

otherwise increase the risk of secondary bacterial or fungal infection. The typical sites of involvement are the creases at the top of the legs and the hair-bearing pubic region. The mucosal membranes at the entrance to the vagina are not involved.

- **In men** – the appearance of psoriasis may consist of small red patches on the glans (tip of the penis) or shaft, and the affected skin may appear to be shiny. Scale is not usually present. Circumcised and uncircumcised penises can be affected.
- **The anus** – psoriasis on the anus and surrounding areas will normally appear to be red, non-scaly and can become itchy, weepy and sore. Secondary infections, both bacterial and fungal, may occur due to skin splitting and can be uncomfortable or painful.
- **Buttocks** – psoriasis in the buttock folds may appear as red and non-scaly or red with very heavy scaling. The skin in this area is not as fragile as that of the groin. See our ***Psoriasis and Sensitive Areas*** leaflet for more information.

What causes genital psoriasis?

Psoriasis is an inflammatory condition that affects the genital region. There is no identifiable cause for the condition in this area and it is important to stress that it cannot be transmitted through sexual contact. There is no correlation with pregnancy or the menopause.

Why does genital psoriasis sometimes require specific treatments?

The fact that skin in the genital region tends to be covered up (sometimes referred to as occluded skin) means that any treatment is more easily and thoroughly absorbed, which makes it more effective. This more powerful effect means that potent topical steroids must be used under strict medical direction to avoid skin thinning and stretch mark formation. Perfumed products should also be avoided to reduce the risk of both irritant and allergic contact dermatitis, either of which will make the psoriasis even harder to treat.

What treatments may or may not be used in genital psoriasis?

Psoriasis in the genital region is very difficult to control. While it is easy to relieve the symptoms of itch and discomfort, treating the lesions effectively is more challenging. When treating genital psoriasis it is important to keep the affected areas moisturised. When using moisturisers, any irritation that occurs may be due to your sensitivity to some of the ingredients.

Below is a summary of topical treatments, some of which may be recommended for your particular circumstances. Others are unsuitable for use in the genital area. If you develop genital psoriasis, you should discuss it with your doctor, who will be able to advise you on suitable treatments.

Emollients – are an important part of the daily care of psoriasis on all parts of the body, including the genitalia. They help to make the skin more comfortable. There is also a range of topical treatments available - creams and ointments - that your doctor can prescribe. See our ***Emollients and Psoriasis*** leaflet.

Topical vitamin D creams and ointments – are effective in treating psoriasis and the newer types are less likely to cause irritation. However, some do have the potential to irritate sensitive areas such as the genitalia. Some doctors recommend cautious use of vitamin D analogue creams and ointments on genital skin.

Topical steroid creams – may be recommended for sensitive areas. However, care should be taken with their use as the potential for increased absorption may lead to side effects such as skin thinning. For this reason, low strength topical steroids are favoured for use in the genital area. It is also important that topical steroids are not used for long periods of time or without close supervision from your doctor. Prolonged use of high-potency steroids can also cause stretch marks and you may become resistant

to these medications, making them less effective in the long term.

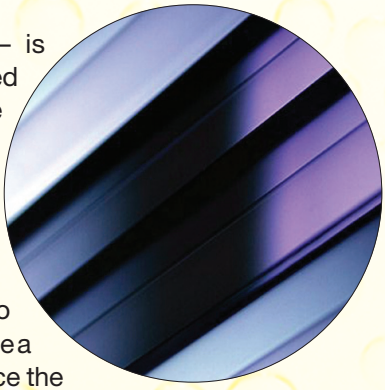
Treatment should never be stopped abruptly as this may trigger a rebound flare of your psoriasis.

Topical steroids may also be combined with antifungal and antibacterial agents because infections with yeasts and bacteria in warm, moist skin creases such as the groin are more common.

Dithranol and vitamin A – derivatives (retinoids) are not usually recommended for use in skin flexures because of their tendency to cause irritation.

Coal tar preparations – are not usually recommended in genital areas because they can cause irritation, especially to areas such as the penis, the scrotum, the vulva or cracked skin.

Calcineurin inhibitors – (tacrolimus and pimecrolimus) are effective in treating genital psoriasis and do not have the side effect of thinning the skin that limits the use of topical steroids. They do, however, often cause an uncomfortable burning sensation when applied and can reactivate sexual transmitted infections such as herpes and viral warts.



UV light treatment – is not usually recommended for genital psoriasis due to an increased risk of skin cancer in this area. Men with psoriasis undergoing UV light treatment are specifically advised to cover the genital area during treatment to reduce the risk of cancer. See our ***Psoriasis and phototherapy*** leaflet.

Systemic therapies – such as dapsone and methotrexate can work well for people with genital lesions and should be considered for people with debilitating quality of life impairment.

Biologics – A recent study has shown ixekizumab to have high efficacy specifically for genital psoriasis, with rapid improvement seen as early as 1 week into treatment.

See our ***Treatments for Psoriasis: An overview*** leaflet for more details.

Remember: it is also advisable to get any rash that appears on the genitals checked, as there are other conditions that can affect these areas. Never assume that because you have psoriasis all rashes that appear will be due to psoriasis.

If your partner is worried, you can show him or her leaflets on psoriasis, ask your doctor to explain the problem, or even attend a genitourinary clinic together for a joint check-up. Treatment at genitourinary medicine (GUM) clinics is free and confidential; you can also make an appointment yourself without a referral. At certain times, some clinics also operate as drop-in centres, where you can turn up without needing to make an appointment. You can find location, telephone number and clinic times by phoning your local hospital.

Coping with genital psoriasis

Skin diseases can be difficult to cope with and a skin disease that affects the genitals can be doubly so. You may find it embarrassing and stressful to discuss genital psoriasis with a doctor or nurse.

Try to remember there is nothing to be embarrassed about. Overcoming your natural reluctance to discuss these matters, and learning how to be up-front with your doctor and loved ones, can make coping with psoriasis much easier.

Honesty and openness are key factors in coming to terms with your situation. If your partner knows how genital psoriasis is affecting you, he or she will be better able to support you emotionally and physically. Equally, your doctor will be in a better position to help you. See our ***Psychological aspects of psoriasis*** leaflet for further guidance.

Remember: your healthcare professional wants to help you, so let them know how you are feeling, and don't forget that professionals are used to dealing with such sensitive areas and issues as part of their daily work. They have seen it all before!

During a flare, should I refrain from sexual intercourse?

Not necessarily, but a flare may be exacerbated (made worse) by sex, due to friction causing a Koebner reaction (a condition where injury can cause psoriasis) and it may be painful.

Genital psoriasis can cause irritation and discomfort during sexual intercourse, which can affect sexual relations with your partner. Effective medication will help to relieve this problem.

Men may find it difficult to have an erection because their penile skin may be painful, tender, have cracks or bleed. This can lead to tensions within a sexual relationship, so talking to your partner and being in an understanding relationship can help defuse any emotional complications.

Using a condom during intercourse may reduce any discomfort, as the condom will act as a barrier to avoid skin-to-skin and fluid-to-skin contact, which cuts down on irritation. After intercourse, cleansing the area and reapplying the medications or emollients as directed by your doctor will also aid recovery.

What should I do if I have genital psoriasis?

Genital psoriasis may also affect the surrounding area in the groin. It rarely appears in the vagina. If you develop psoriasis of the genitalia, you should always consult your doctor. Do not be embarrassed.

Genital psoriasis can sometimes look similar to a fungal or bacterial infection, or even contact dermatitis, so your doctor may need to check the diagnosis with a laboratory test before starting any treatment. The delicate skin in the genital area may mean you need a weaker psoriasis treatment than elsewhere on your body. You should bear in mind that you may be susceptible to irritation and allergic reactions from any substance applied to the skin. Sensitisation most commonly occurs from perfumes and preservatives in over-the-counter wash products and topical local anaesthetics. It is important to keep personal hygiene as uncomplicated as possible and avoid fragranced products.

It is also important to remember that your psoriasis is not due to an infection and is not catching. So, when you are in a loving relationship with a partner who knows about your psoriasis, it should not interfere with your sex life. If you are with a new partner, take the time to explain your condition before you become intimate, to reduce stress and needless worry for you both.

If you have any views or comments about this information or any of the material PAPAA produces, you can contact us via the details on the back page or online at www.papaa.org/user-feedback.

Useful contacts:

For information about health matters in general and how to access services in the UK, the following websites provide national and local information.

- NHS UK: **www.nhs.uk**
- NHS England **www.england.nhs.uk/**
- NHS Scotland: **www.scot.nhs.uk/**
- Health in Wales: **www.wales.nhs.uk/**
- HSCNI Services (Northern Ireland): **http://online.hscni.net**

These sites are the official sites for the National Health Service and provide links and signposting services to recognised organisations and charities.

Did you know that if you experience side effects from any treatments you have received you can report them to the Medicines & Healthcare products Regulatory Agency (MHRA) via the Yellow Card Scheme? For more information, visit https://yellowcard.mhra.gov.uk or call free phone 0800 731 6789 (9am to 5pm Monday-Friday only).

For references used in the production of this and other PAPAA information, contact us or go to: www.papaa.org/resources/references.

About this information

This material was produced by PAPAA. Please be aware that research and development of treatments is ongoing. For the latest information or any amendments to this material please contact us or visit our website: www.papaa.org.

The site contains information on treatments and includes patient experiences and case histories.

Original text written by PAPAA in 2010. Dr Ruth Murphy, consultant dermatologist, Sheffield University Teaching Hospitals, Sheffield, S10 2JA, fully peer-reviewed and revised this leaflet in September 2014 and October 2016. Updated with minor revisions by PAPAA editorial team September 2020.

A lay and peer review panel has provided key feedback on the content used in this leaflet. The panel includes people with or affected by psoriasis and/or psoriatic arthritis.

Quality and accuracy

The standard by which we produce information is based on the PIF TICK criteria, which is the UK-wide Quality Mark for Health Information. PAPAA was awarded the PIF TICK after a thorough application and assessment process and has shown that it meets the health information production process 10 point criteria.

For more information about the PIF TICK process and criteria visit https://pifonline.org.uk/pif-tick

Published: October 2020

Review date: September 2023

The charity for people with psoriasis and psoriatic arthritis

PAPAA is an organisation that is independently funded and a principal source of psoriasis and psoriatic arthritis information and educational resource.

PAPAA supports both patients and professionals by providing material that can be trusted (evidence based), which has been approved and contains no bias or agendas.

PAPAA provides positive advice that enables people to be involved, as they move through their healthcare journey, in an informed way which is appropriate for their needs and any changing circumstances.

Visit:

www.papaa.org

info@papaa.org

01923 672837

PAPAA

3 Horseshoe Business Park,
Lye Lane, Bricket Wood,
St Albans, Herts. AL2 3TA

ISBN 978 1 906143 20 6

Trusted Information Creator

Patient Information Forum

GEN/10/20