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CASE STUDY

Innovative Topical Therapy for Extensive Psoriasis: A New Approach to Treatment

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ABSTRACT

We present a case of a patient with extensive psoriasis successfully treated with "Psorisbye," our newly developed foamy lotion. A 36-year-old male presented to our outpatient clinic with extensive psoriatic lesions affecting the chest, abdomen, back, arms, and forearms. His past medical history was unremarkable. The patient's primary concern was severe itching associated with the psoriatic lesions. Upon examination, extensive erythrodermic psoriatic lesions were observed, covering approximately 50% of the head and neck, 70% of the trunk, and 70% of both upper and lower limbs. He was advised to use our newly patented lotion, "Psorisbye," once daily for one month, during which he applied a total of 480 ml over 28 days. No antihistamine was administered during this treatment period. After 28 days of using "Psorisbye," the patient returned to the clinic, reporting significant improvement in itching and noticeable remission of the red lesions. A comparison of the lesions before and after 28 days of treatment showed a remarkable reduction in his PASI score, improving from 43.7 to 2.8. Our case report demonstrated promising results in treating extensive erythrodermic psoriatic lesions with "Psorisbye." However, clinical trials with a larger sample size and longer follow-up are essential to further evaluate remission periods and assess any potential adverse effects of applying this innovative topical therapy to large body surface areas.

Keywords: Extensive psoriasis, Malaga, Psoriasis Area Severity Index, topical therapy.

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1. Introduction

Psoriasis is a long-term inflammatory skin disease caused by an overactive immune system. It can appear in different forms, such as plaque psoriasis (the most common type) and flexural, guttate, pustular, or erythrodermic. Certain areas of the body, like the scalp, face, nails, genital areas, palms, and soles, can be especially hard to treat, and psoriasis in these locations often has a bigger impact on the patient's daily life and well-being [1].

The cornerstone of psoriasis treatment is topical therapy, which is typically well-tolerated and associated with minimal side effects. For more severe cases, traditional systemic medications such as methotrexate, cyclosporine, and acitretin are often employed. However, biological therapies have transformed the management of psoriasis, offering improved efficacy with fewer side effects, which has led to higher patient acceptance. In addition, phytopharmaceuticals are gaining attention as complementary or alternative options, helping to manage and alleviate psoriasis symptoms [2].

Psoriasis is classified as extensive when it affects more than 10% of the body surface area. For localized psoriasis, treatment typically begins with topical therapies. However, when the condition is more widespread, systemic treatments like methotrexate or cyclosporine may be considered to manage the disease better [3].

A groundbreaking therapeutic cream for psoriasis, named "Psorisbye," has been patented by the Spanish Ministry of Industry, Trade, and Tourism (Patent reference number 202030824). This foamy lotion features a unique formulation that includes propylene glycol, clobetasol, spironolactone, a milk-peptide complex, and papaverine hydrochloride [4].

Recently, we published multiple case reports and series highlighting the treatment of mild to moderate psoriasis with the innovative foamy lotion "Psorisbye." All patients showed significant improvement within 7–10 days of daily application [4]–[6].

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We present a case of a patient with extensive psoriasis successfully treated with "Psorisbye," our newly developed foamy lotion.

2. Case Report

A 36-year-old male presented to our outpatient clinic with extensive psoriatic lesions affecting the chest, abdomen, back, arms, and forearms. His past medical history was unremarkable. The patient's primary concern was severe itching associated with the psoriatic lesions.

The clinical examination aimed to evaluate the distribution and characteristics of the psoriatic lesions and to calculate the Psoriasis Area Severity Index (PASI) score. The PASI score quantifies the severity of psoriasis by assessing three key aspects of the lesions: redness (erythema), thickness (induration), and scaliness (desquamation). Each parameter is rated on a scale of 0 to 4, with 0 indicating no involvement and 4 indicating severe involvement. These scores are then weighted according to the body surface area affected, providing an overall measure of disease severity [7].

Upon examination, extensive erythrodermic psoriatic lesions were observed, covering approximately 50% of the head and neck, 70% of the trunk, and 70% of both upper and lower limbs. The patient, diagnosed with psoriasis at age 9, had previously been treated with a combination of steroid creams, vitamin D, and intramuscular methotrexate. His most recent treatment involved topical betamethasone cream.

He was advised to use our newly patented lotion, "Psorisbye," once daily for one month, during which he applied a total of 480 ml over 28 days. No antihistamine was administered during this treatment period.

After 28 days of using "Psorisbye," the patient returned to the clinic, reporting significant improvement in itching and noticeable remission of the red lesions. A comparison of the lesions before and after 28 days of treatment showed a remarkable reduction in his PASI score, improving from 43.7 to 2.8 (Figs. 1 and 2).

3. Discussion

In this case report, we reported the use of "Psorisbye," a newly created foamy lotion patented by the Spanish Ministry of Industry, Trade, and Tourism, in treating patients with psoriasis [6].

The treatment of extensive psoriatic lesions often involves systemic medications like methotrexate, as seen in our case. However, these medications can carry multiple, sometimes severe, side effects. When offering systemic therapy, it is essential to tailor the medication and dosing regimen to the individual's specific needs. This should take into account factors such as the patient's age, disease subtype, activity pattern, treatment history, disease severity, impact on daily life, the presence of psoriatic arthritis,

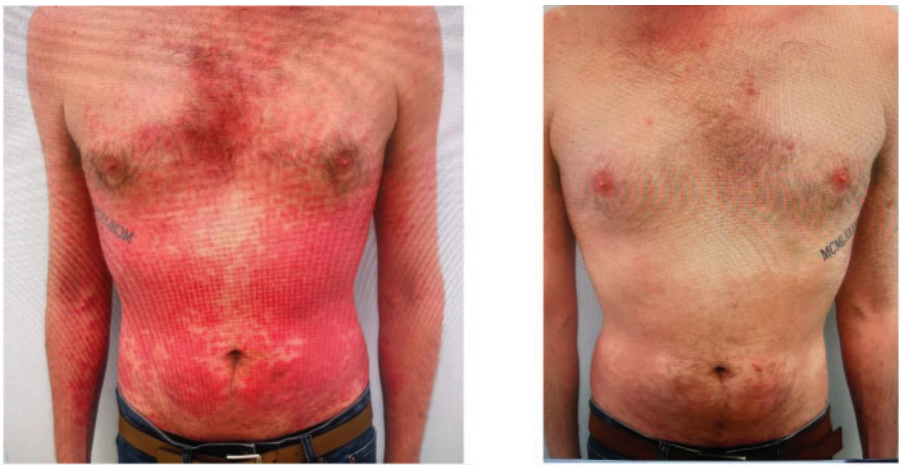

Fig. 1. Anterior trunk prior to (left) and 28 days after (right) the administration of the novel topical therapy.

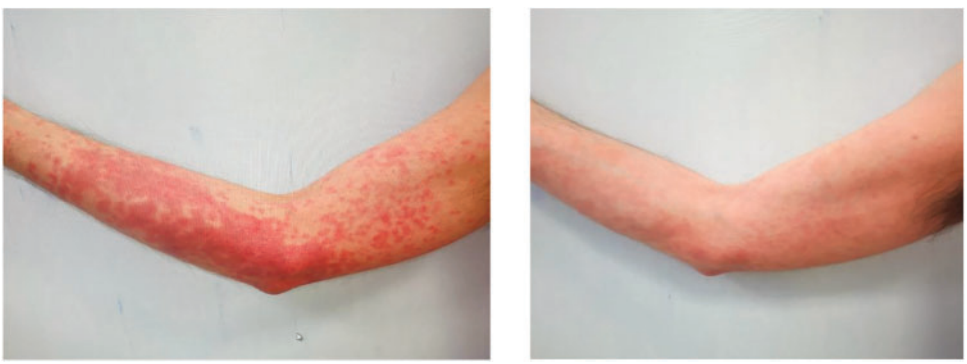

Fig. 2. Right upper limber prior to (left) and 28 days after (right) the administration of the novel topical therapy.

future conception plans, comorbidities, and the patient's preferences [3], [8], [9].

The application of our innovative topical therapy over 4 weeks effectively controlled the patient's extensive erythrodermic psoriatic lesions, eliminating the need for methotrexate, which had been required in previous treatments. The combined, carefully balanced effects of clobetasol, papaverine hydrochloride, spironolactone, milk-peptide complex, and propylene glycol allowed effective treatment without resorting to systemic therapy, thus avoiding the risk of significant side effects.

The patient reported significant relief from itching and noticeable remission of the lesions. Following applying the new foaming lotion, the PASI score improved dramatically, decreasing from 43.7 to 2.8.

4. Conclusion

Our case report demonstrated promising results in treating extensive erythrodermic psoriatic lesions with "Psorisbye." However, clinical trials with larger sample sizes and longer follow-ups are essential to evaluate remission periods further and assess any potential adverse effects of applying this innovative topical therapy to large body surface areas.

Ethical Statement

An innovative local therapeutic cream for psoriasis has been patented by the Spanish Ministry of Industry, Trade, and Tourism (Invention patent reference number 202030824). Written informed consent was obtained from the patient for treatment and publication of this case report, including accompanying images. This study was conducted in accordance with the World Medical Association's Declaration of Helsinki for research involving human subjects.

Authors Contributions

Study design (JIC, JRC, MFA), analysis and interpretation of data (JIC, JRC), manuscript writing (JRC, MFA), collection of data (JIC, JRC), critical revision (JRC, MFA).

Conflict of Interest

The authors declare that they do not have any conflict of interest.

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