Skin psoriasis is a chronic inflammatory cutaneous condition that is commonly encountered in clinical practice. This condition may sometimes be mistaken as eczema. In this issue, we will read about the various types of psoriatic lesions, the differential diagnoses and the available treatment options.

The impact of psoriasis on its sufferers is huge. Patients who have extensive skin involvement often have impaired quality of life. Stigmatisation is a central experience in these patients with broad psychological and social impact. Recognition of their psychological stress is essential as this may be linked to treatment non-compliance and hence worsening of status of the psoriasis. In this issue, we will also read about the psychosocial distress experienced by these patients and the ways to alleviate their psychological burden.

About one-third of patients with skin psoriasis may also have concomitant psoriatic arthropathy. These patients are commonly characterised by the presence of nail dystrophy. In this issue, we will read about the five clinical subtypes of psoriatic arthropathy. In those patients who present with rheumatoid arthritis pattern of joint distribution, the diagnosis of psoriatic arthropathy can be missed if the slightest attention has not been given to the tiny skin plaques over the extensor aspect of the elbows, over the nuchal region covered by long hair in girls and marks of post-inflammatory hyperpigmentation of treated skin lesions over the limbs. Radiological features such as periosteal bony proliferation, osteolysis and ankylosis often help in the diagnosis of psoriatic arthropathy. In this issue, we will learn how to interpret plain radiographic findings of psoriatic arthropathy and the use of various imaging modalities in the management of this disease and the associated musculoskeletal conditions.

Over a few decades, topical therapy including corticosteroids and keratolytics has been the conventional treatment of skin psoriasis. Phototherapy and systemic agents are reserved for patients with extensive disease. In this “biologic era” in the field of rheumatology, biologic therapies targeted against various inflammatory mediators with higher efficacy than conventional therapy are now available for the treatment of psoriasis and psoriatic arthropathy. In this issue, we will read about the efficacy and safety of anti-tumour necrosis factor-alpha therapy and the recently available monoclonal antibodies against interleukin-12/interleukin-23 in the treatment of this disease, thus offering more hope to these patients.

Hope that you enjoy reading these articles.