

42.

BÖLÜM

PSORİASİSTE HİPERTANSİYON YÖNETİMİ

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GİRİŞ

Psoriasis, remisyon ve alevlenmelerle seyreden kronik inflamatuvar bir hastalıktır (1,2). Dermatoloji kliniklerine başvuran hastaların yaklaşık %6-8 gibi önemli bir yüzdesini oluşturur (3).

Son yıllarda bu alanda yapılan çalışmalar sonucunda psoriasis artık yalnızca deriyi etkileyen bir hastalık olarak değil, multisistemik inflamatuvar bir hastalık olarak değerlendirilmektedir. Aynı zamanda psoriasisle eşlik eden hastalıklar gerek disregülasyonları gerekse tedavileri ile mevcut hastalık tablosunda alevlenmelere neden olabileceğinden, tedavi ve takipleri bu popülasyon özelinde değerlendirilmelidir.

Bu bölümde psoriasisli bir sistemik hastalık olarak inceleyip, psoriasisli hasta popülasyonunda hipertansiyonu ve tedavisini tartışacağız.

EPİDEMİYOLOJİ

Psoriasis prevalansı yapılan çeşitli araştırmalarda erişkinlerde %0,5-11,4; çocuklarda ise %0-1,4 aralığında gösterilmiştir (4). Kadınlarla erkekler arasında hastalığın görülme sıklığı açısından belirgin fark bulunmamaktadır (5). Hastalık başlangıç yaşı 20-30 yaşlarında ve 50-60 yaşlarında pik yapmak üzere bimodal dağılım gösterir (6).

Aile öyküsü olmayan bir çocukta psoriasis gelişme riski %1-2 iken; bu risk bir ebeveynde psoriasis varsa %10'a, her iki ebeveynde psoriasis varsa %50'ye çıkmaktadır (7). Benzer şekilde ikiz çalışmalarında psoriasis koinsidansı, monozigot ikiz eşlerinde %73 oranında iken, dizigot ikiz eşlerinde bu oran %20'lerde saptanmıştır (8).

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KAYNAKLAR

1. Gül Ü. Psoriasis. Sağlıkın Başkenti Dergisi. 2010 (16): 18-21.
2. Griffiths CEM, Camp RDR, Barker JNWN. Psoriasis. In: Burns T, Breathnach S, Cox N, Griffiths C, eds. Rook's Textbook of Dermatology. 7th edn. Blackwell, Oxford, 2004: 35.1-35.69.
3. Braun-Falco O, Plewig G, Wolff HH, Burgdorf WHC: Dermatology. Second edition. Berlin: Springer-Verlag Berlin Heidelberg, 2000: 585-610
4. Michalek IM, Loring B, John SM. A systematic review of worldwide epidemiology of psoriasis. J Eur Acad Dermatol Venerol. 2017 Feb;31(2):205-212. doi: 10.1111/jdv.13854. Epub 2016 Aug 30. PMID: 27573025.
5. Parisi R, Symmons DP, Griffiths CE, Ashcroft DM; Identification and Management of Psoriasis and Associated Comorbidity (IMPACT) project team. Global epidemiology of psoriasis: a systematic review of incidence and prevalence. J Invest Dermatol. 2013 Feb;133(2):377-85. doi: 10.1038/jid.2012.339. Epub 2012 Sep 27. PMID: 23014338.
6. Gürer MA, Adışen E. Psoriasis, Genel Bilgiler, Epidemiyoloji. TÜRKDERM - Deri Hast ve Frengi Arşivi [Internet]. [cited 2018 Dec 1];42
7. Van Steensel MA, Steijlen PM. Genetics of psoriasis. Clin Dermatol [Internet]. 1997 Sep 1 [cited 2018 Dec 2];15(5):669-75.
8. Şentürk N. Psoriyazis Etiyopatogenezi: Son Görüşler. Türkiye Klin Dermatoloji - Spec Top [Internet]. 2012 [cited 2018 Dec 3];5(3):8-20.
9. Van de Kerkhof PCM. Psoriasis. In: Bologna JL, Jorizzo JL, Rapini RP ve ark., eds. Dermatology. Mosby, London, 2003: 125-149.
10. Odom RB, James WD, Berger TG. Psoriasis. In: JD William, Berger TG, Elston DM, eds. Andrew's Diseases of the Skin Clinical Dermatology. 10th edn. WB Saunders, Philadelphia, 2006: 191-205.
11. Kundakci N., Oskay T., Ölmez Ü. et al., Association of psoriasis vulgaris with HLA class I and class II antigens in the Turkish population, according to the age at onset. International journal of dermatology, 2002; 41(6):345-348.
12. Schmitt-Egenolf, M., T.H. Eiermann, W.-H. Boehncke, et al, Familial juvenile onset psoriasis is associated with the human leukocyte antigen (HLA) class I side of the extended haplotype Cw6-B57-DRB1* 0701-DQA1* 0201-DQB1* 0303: a population-and family-based study. Journal of investigative dermatology, 1996; 106(4):711-714.
13. Özdemir M, Koç E. Hastalığı Provake Eden Faktörler. In: Özdemir M, Koç E, editors. Psoriasis Güncel Yaklaşımlar. 1st ed. Nobel Tıp Kitabevleri; 2012; 25-8.
14. Christophers E, Mrowietz U. Psoriasis. In: Freedberg IM, Eisen AZ, Wolff K ve ark., eds. Fitzpatrick's Dermatology in General Medicine, 5th edn. Mc Graw-Hill, New York, 1999: 495-521.
15. Ergun T. Etiopatogenezi of Psoriasis. TÜRKDERM - Arch Turkish Dermatology Venerol [Internet]. [cited 2019 Feb 14];42(Sup:2):18-22.
16. Bos JD, de Rie MA, Teunissen MBM, et al. Psoriasis: dysregulation of innate immunity. Br J Dermatol 2005;152:1098-107.
17. Gunes, A.T Altiner, Psoriyazisin Tarihçesi ve Epidemiyolojisi. Türkiye Klinikleri Journal of Internal Medical Sciences, 2005; 1(13):1-4.
18. Tüzün Y, Kotogyan A, Aydemir EH, ve ark. Psoriasis ve benzeri dermatozlar. Dermatoloji, 2. baskı. Nobel Tıp Kitabevleri, İstanbul, 1994: 315-332.
19. Özbilir Ö, Gülekon A. Psoriaziste biyolojik tedaviler. Türkderm 2005; 233-240.
20. Jiaravuthisan MM, Sasseville D, Vender RB, Murphy F, Muhn CY. Psoriasis of the nail: anatomy, pathology, clinical presentation, and a review of the literature on therapy. J Am Acad

- Dermatol. 2007 Jul;57(1):1-27. doi: 10.1016/j.jaad.2005.07.073. PMID: 17572277.
21. Wilson FC, Icen M, Crowson CS, McEvoy MT, Gabriel SE, Kremers HM. Incidence and clinical predictors of psoriatic arthritis in patients with psoriasis: a population-based study. *Arthritis Rheum.* 2009 Feb 15;61(2):233-9. doi: 10.1002/art.24172. Erratum in: *Arthritis Rheum.* 2010 Apr;62(4):574. PMID: 19177544; PMCID: PMC3061343.
 22. Gottlieb, A.B., C. Chao F. Dann, Psoriasis comorbidities. *Journal of Dermatological Treatment*, 2008; 19(1):5-21.
 23. Pearce DJ, Morrison AE, Higgins KB, Crane MM, Balkrishnan R, Fleischer AB Jr, Feldman SR. The comorbid state of psoriasis patients in a university dermatology practice. *J Dermatolog Treat.* 2005;16(5-6):319-23. doi: 10.1080/09546630500335977. PMID: 16428152.
 24. Armstrong AW, Harskamp CT, Armstrong EJ: The association between psoriasis and hypertension: a systematic review and meta-analysis of observational studies. *J Hypertens* 2013;31:433-42.
 25. Lorenz MW, Markus HS, Bots ML, et al. Prediction of clinical cardiovascular events with carotid intima-media thickness: a systematic review and meta-analysis. *Circulation* 2007;115:459-67.
 26. Wilck N, Matus MG, Kearney SM et al. Salt-responsive gut commensal modulates TH17 axis and disease. *Nature* 2017; 551: 585-9.
 27. Huang L-H, Zinselmeyer BH, Chang C-H et al. Interleukin-17 drives interstitial entrapment of tissue lipoproteins in experimental psoriasis. *Cell Metab* 2019; 29: 475-87.e7.
 28. Hu MY, Yang Q, and Zheng J. The association of psoriasis and hypertension: focusing on anti-909 inflammatory therapies and immunological mechanisms. *Clin Exp Dermatol* 2020.
 29. D'Auria L, Venuti A. Endothelin-1 levels are increased in sera and lesional skin ex-tracts of psoriatic patients and correlate with disease severity. *Acta Derm Venereol* 1998; 78(1):22-6.
 30. Boehncke WH, Boehncke S, Tobin AM, et al. The 'psoriatic march': a concept of how severe psoriasis may drive cardiovascular comorbidity. *Exp Dermatol* 2011;20:303-7.
 31. Wu JJ, Poon KY: Association of gender, tumor necrosis factor inhibitor therapy, and myocardial infarction risk in patients with psoriasis. *J Am Acad Dermatol* 2013;69:650-1.
 32. Perk J, De Backer G, Gohlke H, et al: European Guidelines on cardiovascular disease prevention in clinical practice (version 2012). The Fifth Joint Task Force of the European Society of Cardiology and Other Societies on Cardiovascular Disease Prevention in Clinical Practice (constituted by representatives of nine societies and by invited experts). *Eur Heart J* 2012;33:1635-701.
 33. Whelton PK, Carey RM, Aronow WS, et al. 2017 ACC/AHA/ AAPA/ABC/ACPM/AGS/ APhA/ASH/ASPC/NMA/PCNA Guideline for the prevention, detection, evaluation, and management of high blood pressure in adults: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Hypertension.* 2018;71(6):e13-e115.
 34. Gilbertson EO, Spellman MC, Piacquadio DJ, Mulford MI. Superpotent topical corticosteroid use associated with adrenal suppression: clinical considerations. *J Am Acad Dermatol.* 1998;38(2 pt 2):318-321.
 35. White WB. Defining the problem of treating the patient with hypertension and arthritis pain. *Am J Med.* 2009;122(5 suppl):S3-S9.
 36. Unger T, Borghi C, Charchar F, Khan NA, Poulter NR, Prabhakaran D, Ramirez A, Schlaich M, Stergiou GS, Tomaszewski M, Wainford RD, Williams B, Schutte AE. 2020 International Society of Hypertension global hypertension practice guidelines. *J Hypertens.* 2020 Jun;38(6):982-1004.

37. Rosenthal A, Herrmann J. Hydrochlorothiazide-induced photosensitivity in a psoriasis patient following exposure to narrow-band ultraviolet B excimer therapy. *Photodermatol Photoimmunol Photomed*. 2019;35(5):369-371.
38. Gilleaudeau P, Vallat VP, Carter DM, Gottlieb AB. Angiotensin converting enzyme inhibitors as possible exacerbating drugs in psoriasis. *J Am Acad Dermatol*. 1993;28(3):490-492.
39. O'Brien M, Koo J. The mechanism of lithium and beta-blocking agents in inducing and exacerbating psoriasis. *J Drugs Dermatol*. 2006;5(5):426-432.
40. Luke RG. Mechanism of cyclosporine-induced hypertension. *Am J Hypertens*. 1991;4(5 pt 1):468-471.