

Psoriasis and diabetes mellitus in the dermatological consultation

Lucero Barreda-Zaleta¹, Diego Olin Pérez-Rojas², Claudia Jessica Espinoza-Hernández³, Ana Laura Ramírez-Terán⁴ and María Elisa Vega-Memije³

¹National School of Medicine and Homeopathy, Instituto Politécnico Nacional, Ciudad de México, Mexico; ²Faculty of Medicine, Universidad Nacional Autónoma de México; ³Department of Dermatopathology; ⁴Department of Dermatology. Hospital General Dr. Manuel Gea González. Ciudad de México, Mexico

Dear Editor,

Psoriasis is an inflammatory condition of the skin that has a chronic evolution and affects 2–3% of the population worldwide, and in Mexico, it accounts for 2% of dermatology consultations^{1,2}. It is characterized by the presence well-delimited erythematous plaques that affect extensor surfaces. Less frequently, nail and joint involvement is observed. It is more common in Caucasians, and it affects men and women equally¹. Average age at onset is between the second and the fourth decades of life³.

The etiology of psoriasis is unknown; genetic, environmental, immune, infectious, and psychosomatic factors have been described to influence on this condition⁴. A close relationship has been found between this dermatosis, cardiovascular risk, and the components of metabolic syndrome, especially diabetes mellitus (DM)⁵⁻⁷.

Inflammation is the main factor that links psoriasis with the other metabolic syndrome components, and there are multiple theories that are useful to explain this association. Chronic presence of systemic inflammatory mediators alters fat tissue metabolism, secondarily producing an inhibition of insulin secretion. This drives to a state of hyperglycemia, insulin resistance, and finally, to DM^{8,9}.

In our country, where DM is a public health problem, only few studies have been carried out on the prevalence and associations of both these conditions in the Mexican population, and thus, we consider relevant to describe the epidemiological characteristics of our population with psoriasis.

In view of this, we report the coexistence of psoriasis and DM in patients registered at the Hospital General Dr. Manuel Gea González. Patients of both genders, of any age, diagnosed with this dermatosis, who attended the dermatology department outpatient clinic during 2010–2016, were examined.

The following results were obtained: Of 206 psoriasis-diagnosed patients, 53.9% were females (n = 111) and 46.1% males (n = 95), with 51.9% of patients (n = 107) belonging to the 41–60 years age group. Mean age was 50 years. Of the studied patients, 28.2% (n = 58) had already DM diagnosed as comorbidity, and of these, 62% were females (n = 36) and 38% were males (n = 22).

In a study carried out in Mexican population with 114 patients, the coexistence of both these conditions was assessed, with 26.9% being observed¹⁰, which correlates with the results obtained in this work, 28.2%. We also observed a predominance of this association between DM and psoriasis in females, as previously reported in Mexican population¹¹. In the latter study, patients with serious psoriasis were found to show higher glucose values¹¹.

With these findings, we can report that psoriasis can occur with diagnosed DM at a considerable percentage, and the percentage of the remaining patients in whom the disease has not been diagnosed would remain to be studied. The association between both these conditions affects more those women of the studied population, and their medical evaluation is therefore highly important since primary care, as well

Correspondence:

Diego Olin Pérez-Rojas
Calzada de Tlalpan, 4800
Col. Sección XVI, Del. Tlalpan
C.P. 14080, Ciudad de México México
E-mail: diegoolinperezrojas@hotmail.com

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as the conduction of further studies on this subject, with a multidisciplinary approach between dermatologists, internists, endocrinologists, and cardiologists.

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