



DERMOSCOPY AND SKIN IMAGING

## DERMOSCPIC FEATURES OF SCALP PSORIASIS IN CLINICALLY VISIBLE AND INVISIBLE LESIONS OF SCALP AND RELATION TO PASI SCORES

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**Introduction:** Psoriasis is as an immune-mediated inflammatory disease (IMID). Dermoscopy can be used in diagnosing inflammatory dermatoses besides pigmentary lesions.

**Objective:** Our aim was to evaluate the dermoscopic features of the scalp psoriasis in lesional and non-lesional areas and association with PASI scores and joint involvement.

**Materials and Methods:** This is a prospective observational study included a total of patients and 50 healthy controls ; 51 psoriasis patients had clinically apparent lesions and 50 patients had not scalp involvement, clinically. Two records from different areas from the scalp were taken by using Fotofinder II computerized system. Two unblinded dermatologist and one blinded dermatologist evaluated images. Dermoscopic features of lesional and non lesional areas and relation with PASI scores, age, gender and presence of arthritis reviewed and analysed. Categorical variables are compared by Fisher's exact test and chi square test. Multiple linear regression analyses model, is used for statistical analyses as PASI score is dependent variable.

**Results:** Signet vessels, comma vessels, twisted looped vessels, red background were higher in lesional and non lesional psoriasis than control group. Dotted vessels were not significant in lesional scalp because it was seen in non lesional scalp and healthy controls also and there were no significant differences. Glomerular vessels were seen in clinically apparent lesions of the scalp not in non-lesional samples and healthy controls. Signet vessels were statistically higher in patients with psoriatic arthritis. Red background and yellow dots determined in both lesional and non lesional images but not in healthy controls. High PASI scores was associated with arborizing vessels.

**Conclusion:** Vascular lesions are highly specific for scalp psoriasis. Signet vessels were statistically higher in patients with psoriatic arthritis. Red background areas can be seen





also clinically invisible lesions. Arborizing vessels are associated with high PASI scores.

