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PSORIASIS

PSORIASIS AND FAHR'S SYNDROME

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Introduction: Fahr's syndrome is associated with intracerebral calcifications in the basal ganglia, with neuropsychological disorders and with parathyroid disorders. We report the case of a 26-year-old woman with extented psoriasis and Fahr's syndrome related to hypocalcemia.

Observation: A 26 year old woman, consult in dermatology for extended psoriasis. She was followed in neurology for recurrent seizures. The brain scanner revealed calcification of the basal ganglia. His psoriasis began at the age of 25 with erythematous-squamous lesions of the scalp. Ten months later, she describes a generalization of lesions in multiples plaques mainly involving the trunk and limbs. The diagnosis of extensive psoriasis vulgaris was retained. Routine biochemical analyses showed severe hypocalcemia associated with hyperphosphoremia suggestive of hypoparathyroidism. The autoimmune origin of this hypoparathyroidism was most likely given the lack of a history of thyroid surgery, malabsorption syndrome and normal renal function. The diagnosis of Farh's syndrome was retained in this patient with the association of calcification of basal ganglia with neurological disorders and hypoparathyroidism. A hormonal and immunological analysis performed in search of another autoimmune endocrinopathy was normal. Correction of calcemia required a high calcium supplementation and administration of vitamin D. The normalization of the calcemia rate was obtained in parallel with the improvement of the psoriasis in spite of the use only of a local treatment associating a keratolytic and a low-potency topical steroid.

Conclusion: Our patient presents a rare association of psoriasis with Farh's syndrom. She showed hypocalcemia due to hypoparathyroidism and was treated with calcium supplements and calcitriol. When the serum calcium level became normal, the psoriasis was improved. Hypoparathyroidism achieves the most frequently associated phosphocalcic metabolism disorder as was the case with our patient. The pathogenic link between hypocalcemia and psoriasis is not entirely understood, but studies showed that calcium is a regulator of keratinocyte proliferation.





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