

## REFERENCES

1. Bologna JL, Jorizzo JL, Rapini RP. *Dermatologia*. 3. ed. Rio de Janeiro: Elsevier; 2015. p. 1824.
2. Schellini SA, Pinto APC, Castilho CN, Achilles AB, Padovani CR, Marques MEA. Eyelid eccrine and apocrine hidrocystoma – Occurrence at the “Faculdade de Medicina de Botucatu - São Paulo”. *An Bras Dermatol*. 2001;76:283-8.
3. Wolff K, Goldsmith LA, Katz SI, Gilchrist BA, Paller AS, Leffell DJ. *Fitzpatrick's dermatology in general medicine*. 7th.ed. New York: Mc Graw Hill; 2008.
4. Belda Junior W, Di Chiacchio N, Criado PR. *Tratado de Dermatologia*. 2. ed. São Paulo: Atheneu; 2014. p 1895.
5. Sarabi K, Khachemoune A. Hidrocystomas - a brief review. *MedGenMed*. 2006;8:57.

## AUTHORS' CONTRIBUTIONS

Thais Silva Matos

ORCID 0000-0001-7669-2320

Statistical analysis; Approval of the final version of the manuscript; Conception and planning of the study; Elaboration and writing of the manuscript; Obtaining, analyzing and interpreting the data; Effective participation in research orientation; Intellectual participation in propaedeutic and/or therapeutic conduct of the cases studied; Critical review of the literature; Critical review of the manuscript

Rodrigo Feliciano do Carmo

ORCID 0000-0001-9601-6995

Statistical analysis; Approval of the final version of the manuscript; Conception and planning of the study; Elaboration and writing of the manuscript; Obtaining, analyzing and interpreting the data; Effective participation in research orientation; Intellectual participation in propaedeutic and/or therapeutic conduct of the cases studied; Critical review of the literature; Critical review of the manuscript

Franklin Gerônimo Bispo Santos

ORCID 0000-0001-7007-4644

Approval of the final version of the manuscript; Elaboration and writing of the manuscript; Obtaining, analyzing and interpreting the data; Critical review of the literature; Critical review of the manuscript

Carlos Dornels Freire de Souza

ORCID 0000-0003-0837-8254

Statistical analysis; Approval of the final version of the manuscript; Conception and planning of the study; Elaboration and writing of the manuscript; Obtaining, analyzing and interpreting the data; Effective participation in research orientation; Intellectual participation in propaedeutic and/or therapeutic conduct of the cases studied; Critical review of the literature; Critical review of the manuscript

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## High prevalence of psoriasis in a family from Goiás State, Brazil\*

Sulamita Costa Wirth Chaibub<sup>1</sup>DOI: <http://dx.doi.org/10.1590/abd1806-4841.20198138>

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<sup>1</sup> Cardioclínica, Goiânia (GO), Brazil.

MAILING ADDRESS:

Sulamita Costa Wirth Chaibub

E-mail: [sulamitacostac@yahoo.com.br](mailto:sulamitacostac@yahoo.com.br)

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Dear Editor,

Psoriasis is a complex, multifactorial, chronic inflammatory disease involving the skin, characterized by keratinocytes hyperproliferation and vascular alteration, presenting clinical variability; it may or may not be associated with inflammation of the joints.<sup>1</sup>

Psoriasis prevalence studies are more numerous than incidence studies in the literature, probably because notification of the disease is not mandatory.<sup>2</sup> Therefore, this study determined the prevalence of psoriasis in a family in Goiás State, Brazil, according to the phenotype defined through clinical diagnosis at a private clinic and a public hospital. Data were collected between 2003 and 2016. Patients provided informed consent for use of their data for research and publication in scientific journals.

As shown in the pedigree chart of 156 members of this family from Goiás, 37 individuals presented vulgar, pustular or arthropathic psoriasis, representing a prevalence of approximately 23%. Of these patients with psoriasis, 20 (54%) were male, and 17 (46%) were female (Figure 1). Non-psoriatic clinical manifestations included severe and extensive follicular hyperkeratosis throughout the body, which was diagnosed in 1 patient whose father had severe psoriasis. Eleven individuals presented nonspecific skin lesions that could progress to psoriasis, and 3 of these individuals subsequently had a clinical diagnosis of psoriasis confirmed.

This study found that men were more affected by the disease than women, but the values did not present significant difference. The majority of studies have also reported a higher prevalence of the disease in males and adults, although psoriasis may occur equally in both genders and at any age.<sup>2</sup>

Prevalence data found in this study were higher than the values reported in the Central-West region and in the Brazilian capitals. Recently, Romiti *et al.* (2017) reported the psoriasis prevalence in Brazil.<sup>3</sup> According to the study, the prevalence of the disease varies between 1.10% and 1.51%, showing that, within the Brazilian capitals, differences exist between geographical regions and between age groups. Another study reported a psoriasis prevalence of 2.15% in the São Paulo State population.<sup>4</sup>

Monogenic or Mendelian disorders present a classic Mendelian segregation pattern, *i.e.*, fixed proportions among progeny. The pattern is characterized by a recognizable inheritance and by the presence of a phenotype highly correlated with a single gene at the causal locus of the disease. The multifactorial inheritance pattern, however, results from complex interactions of various genetic and environmental factors.<sup>5</sup>

The etiopathogenesis of psoriasis is very complex and not yet fully known. It is considered an immuno-mediated genetic disease, involving interaction with the environment and exhibiting a multifactorial inheritance pattern.<sup>1,5</sup> As seen in the pedigree chart shown here, psoriasis does not present Mendelian inheritance, but is instead multifactorial.

The present study showed a high prevalence of psoriasis in a family from the Goiás State, Brazil, finding a multifactorial pattern of inheritance, with more men than women being affected by the disease. Future studies may be conducted to analyze and determine disease-related mutations in this family, relating to the clinical phenotype. □

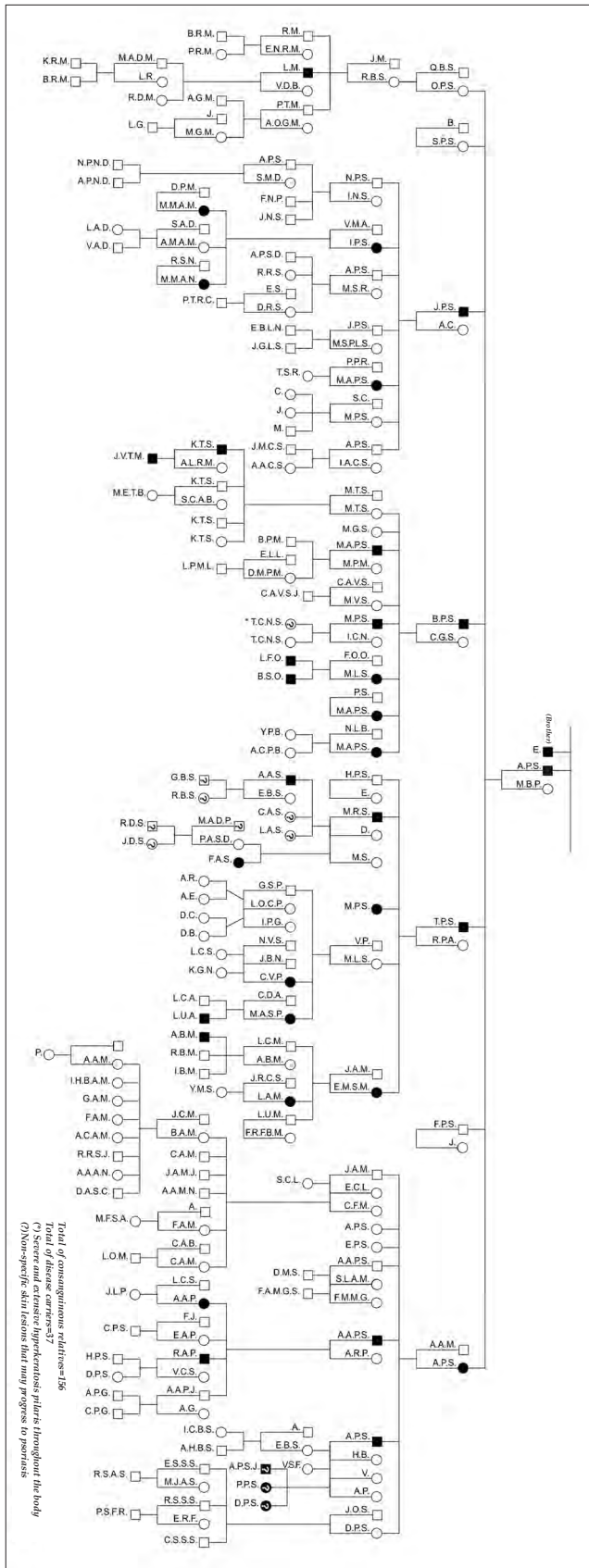


FIGURE 1: Psoriasis pedigree chart of a family from Goiás State, Brazil


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REFERENCES

1. Boehncke WH, Schön MP. Psoriasis. Lancet. 2015;386:983-94.
2. Apps.who.int [Internet]. World Health Organization. Global report on psoriasis. [cited 2017 Nov 16]. Available from: [http://apps.who.int/iris/bitstream/10665/204417/1/9789241565189\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/204417/1/9789241565189_eng.pdf).
3. Romiti R, Amone M, Menter A, Miot HA. Prevalence of psoriasis in Brazil - a geographical survey. Int J Dermatol. 2017;56:e167-8.
4. Jorge MA, Gonzaga HFS, Tomimori J, Picciani BLS, Barbosa CA. Prevalence and heritability of psoriasis and benign migratory glossitis in one Brazilian population. An Bras Dermatol. 2017;92:816-9.
5. Dou J, Guo H, Cheng F, Huang H, Fu L, Li L, et al. Genotype combination contributes to psoriasis: An exhaustive algorithm perspective. PLoS One. 2017;12:e0186067.

AUTHORS' CONTRIBUTIONS

Sulamita Costa Wirth Chaibub  ORCID 0000-0003-0372-4066  
Elaboration and writing of the manuscript; Effective participation in research orientation

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