

Aeromedical Implications of Psoriasis: Dermatologist's View

Dear Editor,

We read with interest the article 'Psoriasis: Aero-Medical Implications' that appeared in the Winter 2003 issue of your journal [1]. We would like to commend the authors for bringing forth the aero-medical aspects of a disease commonly encountered in dermatological practice. We wish to present the dermatologists' view, who have been opining on such cases.

Psoriasis is a chronic disease of the skin, often late in onset. It affects approximately 2% of the population [2]. There is no reason to believe that its prevalence is any less in aviators.

Psoriasis is associated with pruritus and is exacerbated by emotional or physical stress. Since itching is a subjective phenomenon (and may be denied by the patient), one should look for subtle signs such as excoriations, burnished nails, and koebnerisation, rather than rely solely on history. Similarly, factors like peer group pressure, flying commitments etc., which the aircrew may be exposed to, increase stress levels and exacerbate the disease and should be entertained while assessing aircrew [3].

Due to known seasonal exacerbations, at times the patient may need systemic therapy, which may preclude his flying altogether. Even a strictly timed schedule of topical regimen with tar, dithranol or PUVA may not always be compatible with flying duties. Medication for co-existing diseases, if any, may further compound the clinical picture, course of the disease, treatment and flying restrictions.

Nail involvement is seen as pitting of nails and "oil drop" sign (not "nail drop") highlight the exacerbating and remitting factors, seasonal fluctuations, response to treatment etc, in the referral case sheet in order to enable the treating dermatologist in decision making and recommending flying restrictions. Often, this does not happen.

Lastly, the revised IAP 4303 recommends low medical category A4G4/A4G3 for patients of psoriasis with systemic complications. For uncomplicated cases, the extent of the disease, joint involvement, clinical remissions and type of medications prescribed decide the medical category to be recommended [4].

References

1. Gopalakrishnan MS, Taneja N. Psoriasis: Aeromedical implications. *Ind J Aerospace Med* 2003; 47(2): 14-16.
2. Camp RDR Psoriasis. In: Champion RH, Burton JL, Burns DA, Breathnach SM. *Textbook of Dermatology*. 6th edition. Oxford: Blackwell Science, 1998; 1589-1649.
3. Moll JMH. Psoriatic arthropathy. In: Mier PD, van de Kerkhof PCM. *Textbook of Psoriasis*. Edinburgh: Churchill Livingstone, 1986; 55-83.
4. *Manual of Medical Examination and Medical Board*. IAP 4303. III edition, Air HQ, New Delhi, 2003; 6.8.4.

Wg Cdr PS Murthy
Classified Specialist (Derm & Ven),
Command Hospital Air Force, Bangalore.

The Editorial board thanks the author for his comments.