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Plaque psoriasis

Plaque psoriasis is the most common presentation of psoriasis and of all the patterns is the most likely to affect the typical areas of the elbows, knees, umbilicus and lower back.

It tends to be a relatively persistent or chronic pattern of psoriasis that can be improved with treatment but is difficult to clear completely with topical treatments alone. It is characterised by large flat areas (plaques) of psoriasis with typical silvery scale. These plaques may join together to involve very extensive areas of the skin particularly on the trunk and limbs. It is often accompanied by scalp and nail psoriasis.

Chronic plaque psoriasis



[More images of chronic plaque psoriasis ...](#)

Types of chronic plaque psoriasis

Uncommon subtypes of chronic plaque psoriasis include:

- **Rupioid psoriasis:** limpet-like cone-shaped lesions of psoriasis
- **Lichenified psoriasis:** chronically rubbed areas of psoriasis that have become very thickened
- **Elephantine psoriasis:** very persistent, very thickly scaled, large areas of psoriasis
- **Ostraceous psoriasis:** very thickly scaled, ring-like areas of psoriasis, resembling an oyster shell
- **Linear psoriasis:** psoriasis arranged in lines along the body (often corresponding to fetal developmental lines)
- **Photosensitive psoriasis:** psoriasis worst in the sun-exposed areas of the face, neck, hands and forearms. Most patients with psoriasis find ultraviolet light very helpful for their psoriasis. A small group experience exacerbations of their rash following sun exposure. In these people sometimes clear 'sunburn' lines are seen. They may also have typical plaque psoriasis elsewhere. Strict [sun protection](#), usually in combination with other treatment, is required to control this type of psoriasis.

Treatment of chronic plaque psoriasis

Chronic plaque psoriasis is usually managed initially with topical agents. The following agents are effective for plaque psoriasis:

- [Topical steroids](#)

- [Coal tar](#)
- [Dithranol](#)
- [Calcipotriol](#)

If plaque psoriasis is too extensive or severe to be effectively managed with topical treatments, [phototherapy](#) or systemic agents can be used and are usually very effective at improving and even clearing the psoriasis. For more information on these and other treatments, see DermNet's page on [treatment for psoriasis](#).

Related information

References:

On DermNet NZ:

- [General information about psoriasis](#)
- [Guttate psoriasis](#)
- [Flexural psoriasis](#)
- [Scalp psoriasis](#)
- [Palmoplantar psoriasis](#)
- [Nail psoriasis](#)
- [Pustular psoriasis](#)
- [Palmoplantar pustulosis](#)
- [Erythrodermic psoriasis](#)
- [Psoriatic arthritis](#)
- [Treatment of psoriasis](#)

Other websites:

- [Plaque psoriasis](#)

Books about skin diseases:

See the [DermNet NZ bookstore](#)

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DermNet does not provide an on-line consultation service.

If you have any concerns with your skin or its treatment, see a [dermatologist](#) for advice.

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