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Original Research Article

SERUM C-REACTIVE PROTEIN IN PSORIASIS VULGARIS: A CASE-CONTROL STUDY IN A TERTIARY CARE HOSPITAL FROM SOUTHERN INDIA

AIMS: THE PRESENT STUDY WAS DESIGNED TO ASSESS THE LEVELS OF SERUM C - REACTIVE PROTEIN IN DIFFERENT SEVERITY GROUP OF PSORIASIS VULGARIS.

STUDY DESIGN: CASE-CONTROL STUDY.

PLACE AND DURATION OF STUDY: CLINICALLY DIAGNOSED AND UNTREATED PSORIASIS VULGARIS PATIENTS ARE RECRUITED FROM OUT PATIENTS DEPARTMENT OF DERMATOLOGY, J.J.M. MEDICAL COLLEGE, DAVANGERE, KARNATAKA (INDIA) FROM MAY 2015 TO APRIL 2016.

METHODOLOGY: A CASE CONTROL STUDY WAS CONDUCTED ON 60 CLINICALLY DIAGNOSED AND UNTREATED CASES OF PSORIASIS VULGARIS AND 60 AGE AND SEX MATCHED HEALTHY CONTROLS. THE PSORIASIS PATIENTS WERE DIVIDED INTO THREE GROUPS MILD, MODERATE, SEVERE BASED ON PSORIASIS AREA SEVERITY INDEX. VENUS BLOOD SAMPLES WERE COLLECTED FROM EACH STUDY SUBJECTS AND ANALYZED FOR C - REACTIVE PROTEIN BY IMMUNOTURBIMETRIC METHOD.

RESULTS: MEAN SERUM C-REACTIVE PROTEIN WERE FOUND TO BE SIGNIFICANTLY (<0.001) HIGHER IN VARIOUS SEVERITY GROUPS OF PSORIASIS (5.96 Â± 3.96 MG/DL) AS COMPARE TO HEALTHY CONTROLS (0.28 Â± 0.12 MG/DL).

CONCLUSION: SERUM C-REACTIVE PROTEIN MAY BE USEFUL IMMUNE MARKER TO EVALUATE THE SEVERITY OF PSORIASIS AND COULD BE USED TO MONITOR PSORIASIS AND ITS TREATMENT.

INTRODUCTION

Psoriasis is a common chronic, recurrent inflammatory and proliferative disease of skin. It affects about 1%-2% of the Indian population[1].Psoriasis is supposed to be initiated by interplay between genetic, environmental, and immunological factors. C-reactive protein (CRP) has special importance for psoriasis due to its relation with cytokines which are responsible for skin inflammation[2].

Psoriasis is typically manifested by focal formation of inflamed, thickened areas of altered skin, presenting as raised reddened plaques covered by silvery white scales that may itch and bleed. Histological studies of psoriatic lesions have shown leucocytes infiltration, namely by T lymphocytes and neutrophils[3].C-reactive protein is non-specific but most sensitive indicator of inflammation and its production is part of the nonspecific acute-phase response to most forms of inflammation, infection, and tissue damage[4,5].

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Nowadays, it is proposed that psoriasis development depends on skin infiltration of Th1/Th17 cells that stimulate macrophages and dermal dendritic cells to release mediators that sustain inflammation and cause abnormal keratinocytes proliferation. The mediators of the Th17 immune system include IL-1, IL-6, IL-23 and transforming growth factor (TGF)-β[6].

Elevated C-reactive protein levels result from the interaction between pro-inflammatory cytokines, namely IL-6, TNF-alpha and IL-1[7]. The increased magnitude of CRP seems to be related to the extent of tissue injury and inflammation severity in active stage of psoriasis [8].

MATERIAL AND METHODS

A case control study was conducted to estimate the levels of serum C-reactive protein in psoriasis patients. In this study, sixty clinically diagnosed and untreated psoriasis vulgaris patients are recruited from out patients department of Dermatology, J.J.M. Medical College, Davangere, Karnataka (India) from May 2015 to April 2016. Diagnosis of psoriasis was based on clinical history and histo-pathological examination of skin lesions. Sixty healthy controls provide serum sample for C-reactive protein measurement. These controls are age matched with the study group and selected from healthy population of Davangere.

Table-1: Demographic data of studied subject. Psoriasis cases further divide into three groups based on PASI score.

Variables	Controls	Psoriasis patients		
		Mild	Moderate	Severe
Male (No.)	36	12	12	12
Female (No.)	24	8	8	8
Age in years (Mean ± SD)	41.9 ± 9.1	42.6± 8.7	42.7 ±8.76	39.7 ±10.6
PASI score	-	5.8 ± 1.4	10.8 ±1.89	16.9 ± 1.4

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(Mean ± SD)				

Psoriasis patients are divided into mild, moderate and severe group of psoriasis based on Psoriasis Area Severity Index (PASI) score[9]. The psoriasis patients PASI score with 1.0 to 7.9 grouped into mild psoriasis, with 8.0 to 14.9 into moderate psoriasis and 15.0 or more than 15.0 included into severe psoriasis. Each group consisted of 20 patients as shown in table no.1. All subjects included in this study gave a written consent and this study was approved by the ethical and research committee of J.J.M Medical College, Davangere (Karnataka) to use human subjects as research purpose. The psoriasis patients and healthy controls were voluntarily participated in this study. The subjects with a history of any other inflammatory skin disorders, autoimmune disorders like systemic lupus erythematous, rheumatic arthritis, any carcinoma, severe cardiovascular disorders, chronic kidney disease, chronic smoking and alcoholics, fungal infection, pregnant and lactating mother were excluded from study. Patients taking systemic or topical medication were also excluded from this study.

Under aseptic precaution 5 ml of fasting venous blood sample was collected in plane bulb. Serum sample were separated immediately after centrifugation at 4˚C, 2000g for 10 minute. Serum C-reactive protein is estimated by immunoturbidimetric method[10] based on the principle of agglutination reaction. The statistical analysis was performed using SPSS. Student's t test is used to evaluate the difference between the cases and controls. Multiple group comparison was done by using one way ANOVA followed by Tukey's Post Hoc test. Results were expressed as mean ± SD. A p-value of 0.05 or less was considered as bio statistically significant.

3. RESULTS AND DISCUSSION

We analysed the results to study the differences between controls and patients, among different group of psoriasis vulgaris, and to find values of prognostic significance for worsening of the disease.

We found a significant (p=0.001) higher value of serum CRP in subjects with psoriasis (5.96 ± 3.96 mg/dl) as compared to normal healthy controls (0.28 ± 0.12 mg/dl) as shown in table No 2. A significant increased level of serum CRP was also found in severe groups of psoriasis as compare to mild and moderate group of psoriasis. Moreover the control group presented lower values of CRP as compared with mild psoriasis.

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Table-2: Serum CRP levels in controls and different severity groups of psoriasis.

Variable	Controls Mean ± SD	Cases (Mean ± SD)			Controls / Cases		
		Mild	Moderate	Severe	Mean Diff.	t value	p value
CRP (mg/dl)	0.28 ± 0.12	1.62 ± 0.39	5.61 ± 0.85	10.64 ± 2.23	5.68	11.09	<0.001

Statistical analysis evaluate the mean levels of serum CRP are successively increased in subjects with mild group of psoriasis (1.62 ± 0.39 mg/dl) to moderate psoriasis (5.61 ± 0.85 mg/dl) and moderate group of psoriasis to severe group of psoriasis (10.64 ± 2.23 mg/dl) significantly (p=0.001 (Graph no.1).

Graph 1: Serum CRP levels in controls and different severity groups of psoriasis.

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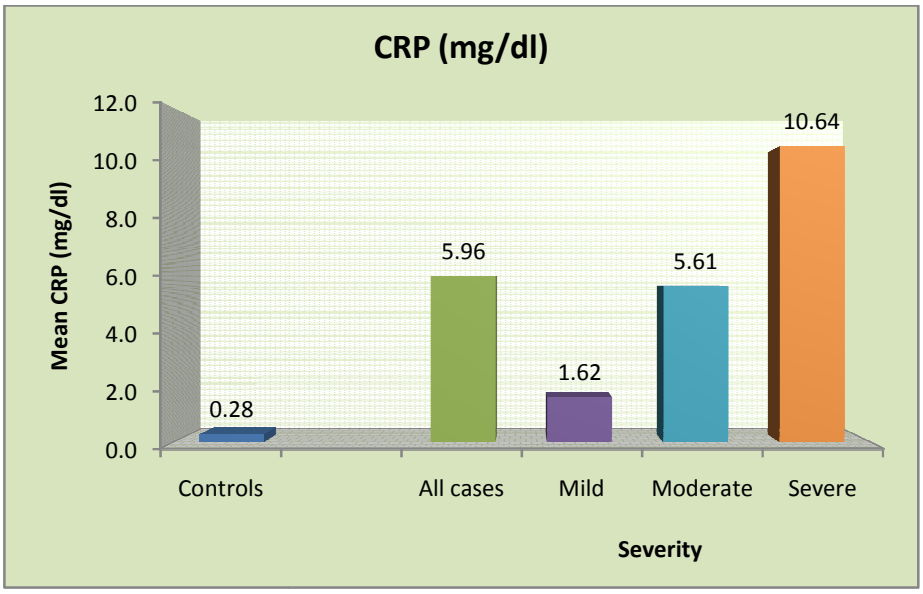

The statistical analysis by one way ANOVA followed by Tukey's Post hoc test shows the comparison of levels of serum CRP in different severity groups of psoriasis (table no.3).

Groups			CRP (mg/dl)
1. Mild			1.62 ± 0.39
2. Moderate			5.61 ± 0.85
3. Severe			10.64 ± 2.23
ANOVA	F value		208.65
	p value		0.001
Difference between groups (p values)	1 v/s 2	Mean Diff	3.99
		p value	0.001
	1 v/s 3	Mean Diff	9.01
		p value	0.001
	2 v/s 3	Mean Diff	5.03
		p value	0.001

Table-3: Comparison of serum CRP levels in relation to severity of psoriasis.

One way ANOVA followed by Tukey's Post hoc test; p value =0.001

DISCUSSION

There are several cross-sectional studies addressing role of C-reactive protein in inflammation of psoriasis and most of them are in agreement with our results. Most of these studies,

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however, used patients presenting different forms of psoriasis and reflecting the elevated levels of C-reactive protein in psoriasis.

In our study a significant higher levels of serum C-reactive protein observed in psoriasis subject as compare to healthy controls. This indicates about the expression of cytokines and immunological dysfunctions at affected keratinocytes. These findings are in accordance with studies of P. Rocha Pereira et al[2].

The study of Coimbra S et al[4] reported a positive correlation between C-reactive protein and severity of disease in psoriasis. They proposed C-reactive protein, one of the most sensitive markers of inflammation, as the most promising biomarker to evaluate psoriasis severity and to monitor the response to different types of treatment of psoriasis. The result of our study is also in accordance with this study.

In present study there are significant increased levels of serum C-reactive protein in various group of psoriasis as compare to healthy controls. Our results support the hypothesis that the psoriasis is classical tissue damage and inflammatory skin disorder. This study is in accordance with the result of Laurent M R et al[11] and Isha V K and Harbans Lal[12].

The finding of the study conducted by Agravatt A M and Sirajwala H B[13] suggest that psoriasis patients with moderate to severe psoriasis have higher mean serum hs-CRP level than patient mild psoriasis and controls. Serum hsCRP level correlate significantly with Psoriasis Area Severity Index and hs-CRP level can be used as marker for assessing severity of disease. The results of present study are similar with this study.

Study conducted by Ozelm Karabudak et al[14] and Beygi S, Lajevard V and Abedini[15] demonstrate the positive correlation found between PASI scores and inflammation and haemostatic markers in the psoriasis group. The findings of our study is in corroborate with this study.

A study conducted by Sergeant A, Makrygeorgou A, Chan WC et al[16] and B. Mahmoud Farshchian et al[17] showed that patients with moderate to severe plaque-type psoriasis had active systemic inflammation, which was demonstrated by increased levels of C-reactive protein and skin disease severity was correlated with serum C-reactive protein levels. These finding are in accordance with the result of present study.

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Asha Ramay Vadakayil et al[18] found that elevated levels of serum CRP may be an independent risk factor for CVD in patients with psoriasis. The C-reactive protein may be considered as a useful marker of psoriasis severity that could be used to monitor psoriasis and its treatment.

CONCLUSION

In present study, we tried to characterize the inflammatory response in various severity groups of psoriasis in order to find potential prognostic markers of worsening of psoriasis, by establishing the differences among these groups of psoriasis vulgaris.

At last our research work will be helpful in making novel strategies for diagnosis, treatment and prognosis of psoriasis vulgaris.

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