Psoriasis and Pregnancy

by YVONNE BANKS

What Do I Do If I Become Pregnant With Psoriasis?

Psoriasis is not something to be concerned with if a woman becomes pregnant. It does not harm the fetus directly, though there may be a genetic predisposition toward the child having it in later years.

The treatment of the pregnant woman can, however, be problematic, especially if she has a severe case of psoriasis. In this situation, it's important to stop taking oral medication because it can harm the fetus by causing congenital abnormalities. It is vital that women balancing psoriasis and pregnancy talk to their dermatologist about their plans to get pregnant. Then the doctor can assess their treatment and prescribe a new medication if needed.

What are the Treatment Options for Psoriasis During Pregnancy?

The problem with becoming pregnant while suffering from psoriasis is that there are not many medications available that are not toxic to the fetus. Most anti-psoriatic drugs cause birth defects in the unborn child. If a woman is lucky, psoriasis may spontaneously clear up during pregnancy so the need for medication can be reduced. Hormones and psoriasis can have a positive effect; this may be due to the increase of cortisol or hormones in a woman's body while pregnant. These naturally occurring chemicals in the body "heal" the psoriasis during pregnancy.

Topical Treatments

The most important thing to do is to make sure the skin does not dry out while pregnant. Since most oral medications are stopped during a pregnancy, dermatologists prescribe creams that are rubbed onto the psoriatic lesions. There is much less chance for any problems to occur for the fetus using topical medications. They do still have side effects, though, as they are still absorbed into the body. The treatments, therefore, should only be applied to the affected areas. Emollients do not carry the same risk for mother or child.

Topical Treatments to Avoid or Limit in Use:

- *Vitamin A derivatives:* Any vitamin A derivative for local use should be avoided. It has a known teratogenic effect, or causes birth defects, on the fetus.
- *Vitamin D derivatives:* A vitamin D derivative may be prescribed but it should only be used in small quantities in only the affected areas.

Possible Local Treatments:

- *Emollients:* These are topical applications with no medication in them. They are soothing and have moisturizing properties.

- *Corticosteroids:* Your dermatologist may prescribe corticosteroids in small quantities. You should only use it as directed and should only be used on the worse areas of plaque and inflammation. It should not be applied to breasts, hips, or abdomen because it increases the chances of getting stretch marks.
- *Exfoliants:* These treatments should be limited to small areas of the skin. Urea and salicylic acid are common exfoliants prescribed.

Oral Medications to Avoid:

- Acitretine
- Methotrexate
- PUVA therapy

Possible Treatment Options for Widespread Psoriasis in Pregnancy:

- Cyclosporine: This medication does not have any negative effect on the fetus, but does have side effects in general. It is prescribed for a short course with patients with severe psoriasis.
- UVB treatment: This is a therapy that is used for widespread psoriasis. It is safe to use during pregnancy.