Psoriasis in the genital area

People with genital psoriasis may have affected areas that range from small, red spots to large patches. The most common type of psoriasis in the genital region is inverse psoriasis. This type of psoriasis first shows up as smooth, dry lesions that are very red. It usually lacks the scale associated with plaque psoriasis.

The six regions of the genital area that may be affected are:

- **Pubis**: The pubis is the region on males and females above the genitals. This area can sometimes be treated similarly to psoriasis on the scalp; however, caution should be taken. Skin in the pubic region tends to be more sensitive than the skin on the scalp.

- **Upper thighs next to the groin**: Psoriasis of the upper thighs often consists of many small, round patches that are red and scaly. Psoriasis in between the thighs may be more easily irritated if the thighs rub together when you move, walk or run. Wearing spandex shorts beneath clothes or using baby powder can help to decrease the friction between your legs and reduce irritation.

- **Creases between the thigh and the groin**: Psoriasis is generally non-scarly and reddish white in the creases between the thigh and groin. The skin may have fissures (cracks). People who are overweight or athletic may have an infection called intertrigo in the skin folds. Intertrigo looks similar to psoriasis but is a yeast infection in the folds of the skin. Irritation from the friction of skin-on-skin or from clothing can cause this.

- **Genitals themselves (the vulva for women, the penis and scrotum for men)**: In women, psoriasis of the vulva often appears as a smooth, non-scarly redness. If this sensitive area is irritated by scratching, it may become infected. Scratching also can produce dryness, thickening and further itching of the skin. In men, psoriasis of the penis may appear as many small, red patches on the glans (the tip of the penis) or shaft. The skin may be red and scaly, or it may be smooth and shiny. Genital psoriasis affects both circumcised and uncircumcised males.

- **Skin between the anus and vulva or anus and scrotum, and the skin around the anus**: Psoriasis on or near the anus is red, non-scarly and prone to itchiness. Psoriasis in this area may be confused with yeast, fungal infections, hemorrhoidal itching, strep infections and even pinworm infestations. The presence of these conditions can complicate the treatment of psoriasis and make the psoriasis worse. Rectal examinations, skin cultures and examinations for pinworm can confirm these conditions so a doctor can treat them appropriately. Symptoms of anal psoriasis may include bleeding, pain during bowel movement and excessive dryness and itching.

- **Crease between the buttocks**: Psoriasis in the buttocks crease may be red and non-scarly or red with very heavy scales. The skin in this area is not as fragile as that of the groin.

**Treatment**

Genital psoriasis can be difficult and frustrating to treat. However, it generally responds well to treatment. Due to the sensitivity of genital skin, treatment requires some special concerns. It is important to remember that response times to treatments vary among individuals. If your treatment is not working, see your doctor to discuss other treatment options. Topicals and ultraviolet (UV) light are most often used. Doctors generally don't prescribe systemic medications for genital psoriasis alone. However, they may if psoriasis is severe or resistant to topical therapy, or also appears on other parts of the body.
**Topical treatment**

Calcipotriene and tazarotene are generally not used on the genitals. This is because of the potential for irritation. However, some doctors prescribe calcipotriene because it does not have any of the drawbacks of topical corticosteroids. Mixing calcipotriene with petroleum jelly may minimize irritation. On occasion, tazarotene is used in the genital area. Using the cream formulation of tazarotene may be less irritating than the gel. Both medications are sometimes rotated with a low-strength corticosteroid.

Tacrolimus ointment or pimecrolimus cream can be effective for treating genital psoriasis. Both of these drugs reduce skin inflammation much like topical corticosteroids do, but they do not cause thinning of the skin. They may cause some irritation when they are first used. These products also do not promote yeast or bacterial growth, and so may further help relieve inflammation and itching.

Use only low-strength topical corticosteroid preparations in the genital area. Skin in the genital area tends to be more sensitive and thin. Use corticosteroids only with careful direction from your doctor. Prolonged use of topical corticosteroids can permanently thin the skin and cause stretch marks. Since the genital area can be warm and moist, this can lead to increased corticosteroid absorption. This increases the likelihood of the corticosteroid's negative side effects.

Over-the-counter moisturizers can be used to keep the skin moisturized. Be cautious, as ingredients in some lotions or creams may be irritating to the genital area's sensitive skin. Look for moisturizers without fragrance and perfumes. If you read the labels of various moisturizers, you will find most of them contain a combination of the same general ingredients. However, they may differ in consistency. Facial moisturizers tend to be thin, while hand moisturizers are thicker. Body moisturizers fall somewhere in between. The most important thing is to find a moisturizer that provides the skin with the softening that it needs.

**UV light**

Ultraviolet (UV) light can be used to treat some genital psoriasis, but only in special circumstances. The doses must be much lower than are normally used to treat psoriasis on other areas of the body. Overexposure to UV light can burn thin genital area skin.

Psoriasis in the pubic area may respond well to UV light treatment if the pubic hair is cut short or shaved. For psoriasis in the crease between the thigh and the groin, a doctor may prescribe UV light treatment. Individuals must position themselves carefully to expose the skin creases to the light.

Men should shield the penis and scrotum with clothing or sunscreen when undergoing UV light therapy. Studies indicate that skin on the male genitals should not be exposed to UV radiation, particularly PUVA (the light-sensitizing drug psoralen plus UVA light). This is because of the possibility of an increased risk of skin cancer.