Genital psoriasis

Over 25 percent of people with psoriasis have genital psoriasis. The most common types of psoriasis that can develop in the genital area include plaque psoriasis and inverse psoriasis. However, inverse psoriasis is more commonly experienced in this area. Symptoms of inverse psoriasis are inflamed, deep-red skin that is smooth and not scaly.

What are the areas affected by genital psoriasis?

Different locations in or around the genital area may develop different types of psoriasis and may be treated differently. There are 6 areas that may be affected:

- **Genitals (including the vulva, penis and scrotum)** can develop inverse or plaque psoriasis. Around the vulva, inverse psoriasis is more common, but scratching and dryness may also cause plaques. Inverse or plaque psoriasis symptoms can appear on the glans (tip of the penis) or shaft and affects those that are circumcised and uncircumcised.

- **Pubis (the region above the genitals)** can develop plaque psoriasis.

- **Inner and upper thighs next to the genital area** can develop plaque psoriasis.

- **Creases between the thigh and the genital area (including skin between the anus-to-vulva, anus-to-scrotum and around the anus)** can develop inverse psoriasis prone to itchiness. Other symptoms may include bleeding, pain during bowel movements and excessive dryness. Psoriasis in this area may be confused with fungal infections, hemorrhoidal itching, strep infections and even pinworm infestations that may require a rectal exam or skin culture to rule these out and treat appropriately.

- **Crease between the buttocks** can develop inverse or plaque psoriasis.

### Practical tips

- Follow prescribed treatment instructions
- Keep the genital area clean and dry
- Choose clothes and undergarments that are breathable and comfortable (not tight against genital area or thighs), such as those made from cotton
- Wear shorts beneath clothes or use baby powder to decrease the friction and reduce irritation between inner thighs
- Use quality toilet paper to avoid excess friction
What are the treatment options?

Treatment for the genital area requires special consideration because of the sensitivity of the skin and location. Your health care provider will also recommend treatments based on your severity and your experience with previous treatments.

Topicals:

- Over-the-counter (OTC) products can be used to keep the skin moisturized. However, it is important to look for products made for sensitive skin or those without fragrance or perfume.
- Low-strength topical corticosteroids (also called steroids) can be used in the genital area. This should not be used long-term to prevent side effects, such as skin thinning or stretch marks.
- Dovonex (calcipotriene) and Tazorac (tazarotene) do not have side effects of skin thinning like steroids but may cause irritation. The cream formula for Tazorac may be less irritating than the gel form. Your health care provider may recommend rotating these with a low-strength topical steroid to increase effectiveness and reduce possible side effects.
- Protopic (tacrolimus) and Elidel (pimecrolimus) are non-steroid treatments approved for treating eczema that are effective for treating psoriasis in sensitive areas. However, they can cause stinging during the first few days of use (storing them in the refrigerator may decrease the stinging).

Phototherapy using ultraviolet B light (UVB) can be used to treat psoriasis of the pubis, upper thighs or the crease between the thigh and the genital area. The penis and scrotum should also be shielded with clothing or sunscreen due to an increased risk of skin cancer.

Biologics or oral treatments are generally not prescribed for genital psoriasis alone. However, they may be considered if your psoriasis is widespread or resistant to other treatment options.

Impact on sexual health

Sexually active people with genital psoriasis may experience sexual difficulties of reduced desire, discomfort, pain, stinging, burning or others. There are many factors that impact your overall sexual health, including your age and gender, psoriasis severity and whether you have psoriatic arthritis or other comorbidities (related health conditions). However, psoriatic disease has not been found to cause sexual dysfunction, such as fertility issues or erectile dysfunction.

- Understand that psoriasis is not contagious.
- Acknowledge how genital psoriasis affects your daily activities in order to find ways to reduce irritating or worsening symptoms.
- Before engaging in sexual activity, wash all topical treatments from the genital area and cleanse the genital area afterwards and reapply treatments.
- Lubricants and condoms can help prevent irritation when engaging in sexual activity.

What should I do next?

Contact our Patient Navigation Center to find providers, prepare for appointments, discuss treatments and get help with accessing treatments [find contact information below].

6600 SW 92nd Ave., Suite 300 | Portland, OR 97223-7195
800-723-9166 | education@psoriasis.org | www.psoriasis.org/navigationcenter

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