Genital Psoriasis Guide
Up to two-thirds of people with psoriasis experience genital psoriasis at some point in their lives. Treating psoriasis in an area with such sensitive skin requires specialized care. Although genital psoriasis is relatively common, many people find it difficult to talk about and struggle to find accurate information on this sensitive topic.

Genital psoriasis can impact people both physically and emotionally. A recent study of individuals with genital psoriasis reported that they have lower self-esteem than those who have psoriasis on their face or hands. While having psoriasis that is visible in day-to-day interactions can be challenging, the emotional impact of having genital psoriasis can be especially difficult.

The good news is that there are many effective treatment options, tips for managing genital psoriasis and a community of others who have been there to help. While genital psoriasis may not be often talked about, it is both common and manageable.

This guide is designed to provide information about genital psoriasis, treatment options and tips for daily life. Included you will find information on:

- Psoriasis
- Types of genital psoriasis
- Locations of genital psoriasis
- Treatments
- Managing itch
- Tips for home care
- Sexual health impact
- Talking with partners
- Talking with your health care provider
- Connecting with others
What is psoriasis?

In order to understand genital psoriasis, it’s important to have a solid understanding of what psoriasis is.

Psoriasis is a chronic (lifelong) disease of the immune system that impacts the skin. The immune system is designed to fight illnesses and infections. When you have psoriasis, your immune system becomes overactive and causes inflammation, which speeds up skin cell growth.

Typically, skin cells completely grow and shed (fall off) in a month. Psoriatic skin cells do this in only three or four days. However, instead of shedding, these cells pile up at the surface. This forms psoriasis lesions (abnormal changes to the skin in the form of plaques, pustules or areas of scaling, redness and swelling). There are several types of psoriasis and the way it looks can be quite different depending on the type and location.

Psoriasis is not contagious. You can’t catch it from anyone. Psoriasis is a genetic condition, meaning you have to possess the genes for psoriasis to develop it. The genetics of psoriasis are complex and it is possible for people with no family history of psoriasis to develop it. For psoriasis to occur, there also needs to be a triggering event that causes a change in the immune system. Common triggers for psoriasis include stress, illness (particularly strep infections), injury to the skin and certain medications.

Psoriasis affects more than 8 million people in the United States. Symptoms often start between ages 15 and 25, but they can start at any age. Anyone can be affected by psoriasis.

Psoriasis varies from person to person. It can be mild, moderate or severe, and easy or hard to treat. It can affect quality of life, limit activities, cause constant pain and itch, lead to depression and anxiety, and raise the risk for diabetes and heart disease.

While there’s currently no cure for psoriasis, there are many treatment options. It is important to work with a dermatologist (skin doctor) with experience treating psoriasis.

Types of genital psoriasis

There are several types of psoriasis, including plaque, inverse, guttate, pustular and erythrodermic. People can have different types throughout their lives and may have more than one type at a time. The most common type of psoriasis that people experience in the genital area is inverse psoriasis, followed by plaque psoriasis.

**Inverse psoriasis**

Inverse psoriasis usually occurs in body folds such as the underarms, under breasts and in the genital area.

Symptoms can include red skin that is smooth (not scaly) and may look tight or shiny. Some people experience discomfort, pain, severe itching and splitting of the skin.

Inverse psoriasis may be worsened by sweat and rubbing in the body fold areas.

**Plaque psoriasis**

Plaque psoriasis often occurs on the scalp, knees, elbows and torso, but can also appear on the genitals.

Symptoms can include raised red patches of skin with a silvery or white buildup of scaly dead skin cells. Some people experience discomfort, pain, itching and cracking.
Genital psoriasis may be mistaken for other conditions like a sexually transmitted disease, yeast infection or an allergic reaction. Working with a dermatologist to get the correct diagnosis is key to finding a treatment plan that will work well.

Locations of genital psoriasis

Certain locations in the genital area are more likely to develop specific types of psoriasis. In rare cases psoriasis can affect mucous membranes, such as inside the vagina.

<table>
<thead>
<tr>
<th>Inverse Psoriasis</th>
<th>Inverse or Plaque Psoriasis</th>
<th>Plaque Psoriasis</th>
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<tbody>
<tr>
<td>Creases between the thigh and the genital area (including skin around the anus)</td>
<td>Vulva, penis or scrotum</td>
<td>Pubis (the region above the genitals)</td>
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<tr>
<td>Crease between the buttocks</td>
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<td>Inner and upper thighs</td>
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Treatments

Treatment for genital psoriasis requires special consideration because of the sensitivity of the skin and location. Your health care provider will recommend treatments based on your severity and your experience with previous treatments. Genital skin tends to be thinner, more sensitive and contain more nerve endings than other areas of skin. It’s important to follow your health care provider’s treatment instructions and let them know what over-the-counter products you are using to reduce the risk of side effects.

Generally, treatment options for genital psoriasis include topicals and/or phototherapy (also called light therapy). Treatment options may vary based on the location and type of genital psoriasis.

Topical treatments are medicines that are applied directly on the affected areas of skin. They can work to moisturize the skin, relieve pain and itch, reduce inflammation or slow down the high rate of cell growth.

- **Low-strength topical corticosteroids** (also called steroids) can be used in the genital area designed to be used for only a few weeks at a time to avoid side effects, such as skin thinning or stretch marks.

- **Dovonex** (calcipotriene) and **Tazorac** (tazarotene) are non-steroid treatments for psoriasis. Some people experience skin irritation while using these treatments. Your health care provider may recommend rotating these topicals 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. Several research studies have found that both work well for treating psoriasis in sensitive areas. They can cause stinging during the first few days of use (storing these in the refrigerator may decrease the stinging associated with their use).

- **Over-the-counter (OTC)** products can be used to reduce symptoms such as itching and dry skin.
**Phototherapy** using narrow-band ultraviolet-B light (nbUVB) can be used to treat genital psoriasis. Phototherapy is a prescription treatment that involves exposing the skin to particular bandwidths of light on a regular basis to slow the rate of skin cell growth. Low doses of phototherapy are used on the genitals due to concern about sunburn.

**Biologics or oral treatments** are generally not prescribed for genital psoriasis alone. However, they would be considered if you have psoriasis in other areas, or if your psoriasis is resistant to other treatment options.

Oral treatments are medicines taken by mouth, most often in the form of a pill. There are several oral treatment options for psoriasis. Some work by targeting the immune system while others slow cell replication. Oral treatments for psoriasis include acitretin, cyclosporine, methotrexate and Otezla.

Biologics are medicines made from living cells that are given as an injection or intravenous (IV) infusion (slow drip of medicine into the vein). They target specific proteins in the immune system that play a role in psoriatic disease. Biologics approved to treat psoriasis include: Cimzia, Cosentyx, Enbrel Humira, Ilumya, Remicade, Siliq, Stelara, Taltz and Tremfya.

It is important to remember that response to treatment varies among individuals. If your treatment is not working or meeting your treatment goals, speak with your health care provider about other treatment options that may be appropriate for you. This might mean increasing your treatment dosage, adding another treatment or switching treatments.

# Managing genital psoriasis at home

While finding the right treatment for genital psoriasis is important, it is also helpful to find a home care routine that can increase comfort and help manage symptoms.

### Tips for reducing friction

Friction is often caused by sweaty skin rubbing together, which can make psoriasis symptoms worse. Here are some tips for reducing friction:

- Clean the area regularly using gentle fragrance-free cleansers.
- Choose clothes and undergarments that are breathable and comfortable (not tight against genital area or thighs), such as those made from cotton.
- When wearing outfits where thighs rub together, consider using powder or wearing bike shorts.
- Use quality toilet paper.
For some people with genital psoriasis, itch can be the most troubling symptom. Finding an effective treatment for psoriasis is the best way to relieve itch. However, there are things you can do to help in the meantime:

- Apply cold packs or cool compresses
- Chill lotions in the refrigerator prior to use
- Keep skin moisturized using creams or oils
- Avoid leaving the area sweaty
- Take warm (not hot) baths/showers and moisturize immediately after

Some OTC products may be appropriate for managing itch in the genital area. Ask your health care provider if they recommend any OTC products for you. Check labels on products to make sure they are safe to use on skin in the genital area.

OTC ingredients that are known to help with psoriasis itch:

- Aloe vera
- Apple cider vinegar (diluted 1-part vinegar to 4-parts water)
- Calamine
- Capsaicin
- Colloidal oatmeal
- Hydrocortisone
- Menthol
- Pramoxine

Some find relief by soaking the affected area for 20 minutes with water mixed with colloidal oatmeal, apple cider vinegar or unscented bath oil. After soaking, rinse the area and apply a moisturizer.

Over-the-counter moisturizers and fragrance-free detergents can also be a helpful addition to a home routine. It is recommended to first try new products on a small patch of unaffected skin to see how your skin will react. NPF recognizes OTC products that have been proven to safely and effectively manage psoriasis symptoms. For more information and a list of them, please visit www.psoriasis.org/seal/product-directory.

**Sexual health impact**

Genital psoriasis can greatly impact sexual health for some people. Itching, pain and worsening of symptoms after sexual interactions are all common. Studies have shown that many people with genital psoriasis avoid sex due to embarrassment, physical discomfort and worries about symptoms worsening.

Having genital psoriasis typically doesn’t impact sexual function, but it can make certain aspects of sexual activity uncomfortable or painful.

**Tips to increase comfort**

- Before sexual activity be sure to wash off all topical treatments from the genital area to avoid irritation and transfer to your partner. After sexual activity cleanse the area and reapply treatments.
- Use lubricants and/or lubricated condoms to reduce friction and avoid skin irritation.
- Try to avoid prolonged friction in the same areas by modifying sexual activity when needed.
Talking with partners

It can be stressful to talk with partners about genital psoriasis. It can help to explain that psoriasis is not contagious and that it is a disease of the immune system. It is related to genes and is not a sexually transmitted disease. Many people report that having open, honest communication about psoriasis and intimacy has helped them have a stronger relationship.

It’s common to wonder when the right time is to tell a new partner about having genital psoriasis. Some choose to talk about it right away, while others choose to wait until the relationship is more established.

If you’re comfortable, talk about how your genital psoriasis affects you and what works well for you during sexual interactions. Everyone’s body requires accommodations sometimes and it is OK to let your partner know how to make changes and increase comfort during sexual interactions.

When and how you choose to talk about your genital psoriasis is up to you. Here are a few examples of ways that others have approached the topic:

- You might notice that I have some redness and patches of dry skin on my penis. This is part of my psoriasis, which is an immune condition that affects my skin. It’s not contagious but I wanted you to know about it.

- I know we’ve talked about my genital psoriasis before. Usually I’m OK with having sex when I have it, but right now it’s feeling really itchy and painful so I’d rather not. Let’s talk about other fun and sexy things we can do that won’t make my psoriasis feel worse.

- People can get psoriasis anywhere they have skin. I’ve had it on my elbows, legs, eyelids and right now I have it around my vagina too. It usually doesn’t affect me sexually, but sometimes I need to ask to move into a different position if it becomes painful.

Talking with your health care provider

It is common for people with genital psoriasis to have difficulty speaking with their health care provider about their symptoms. While it can be challenging to start these conversations, the best way to get treatment that is appropriate for the sensitive skin of the genital area is to let your health care provider know what you’re experiencing. Keep in mind that health care providers are trained to treat and help manage your condition no matter where your symptoms occur.

We recommend finding a health care provider that you feel comfortable with. Know that you can ask for someone else, such as a friend, family member or other medical staff member, to be in the same room with you during your exam or appointment.

If you’re having trouble finding a dermatologist, reach out to us here at the NPF Patient Navigation Center, and we can help you with your search.

You deserve to have a patient-provider relationship that involves trust, support and clear communication. You should be able to feel comfortable asking questions or sharing any of your concerns. As a patient, you get to set the tone and language about how you discuss your symptoms, such as how to describe the areas affected, how your symptoms appear or affect you, and how your psoriasis makes you feel and impacts your quality of life.
Next steps

Connecting with others

Communicating with others who have psoriasis, hearing and sharing what has and what has not worked for another, and finding out that there are others who are feeling and experiencing the same things as you can be fulfilling and inspiring.

**NPF’s One to One program allows you to connect with volunteers who have psoriasis.** Share experiences, get tips and receive emotional support. Sign up and connect with someone today via phone or email. Visit [psoriasis.org/newly-diagnosed/one-to-one](http://psoriasis.org/newly-diagnosed/one-to-one) to get started.

Our message board, TalkPsoriasis ([talkpsoriasis.org](http://talkpsoriasis.org)), is also a great place to communicate with others.

Work with your Patient Navigator

**NPF’s Patient Navigation Center provides free and personalized assistance to anyone impacted by psoriatic disease.**

It doesn’t matter if you have one question or need ongoing assistance, your Patient Navigator will help you find the information you need. We can help you:

- Understand genital psoriasis
- Find a health care provider
- Learn about new treatments
- Deal with insurance issues
- Find financial help for treatments
- Connect with others living with psoriatic disease

**You can reach our navigators by phone, email, text and instant chat:**

Phone: **800-723-9166**  |  Text: **503-410-7766**

Email: education@psoriasis.org

Learn more or chat: [psoriasis.org/navigationcenter](http://psoriasis.org/navigationcenter)

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NPF’s educational materials are reviewed by members of our Medical Board and are not intended to replace the counsel of a physician.

NPF does not endorse any medicines, products or treatments for psoriasis or psoriatic arthritis and advises you to consult a physician before initiating any treatment.