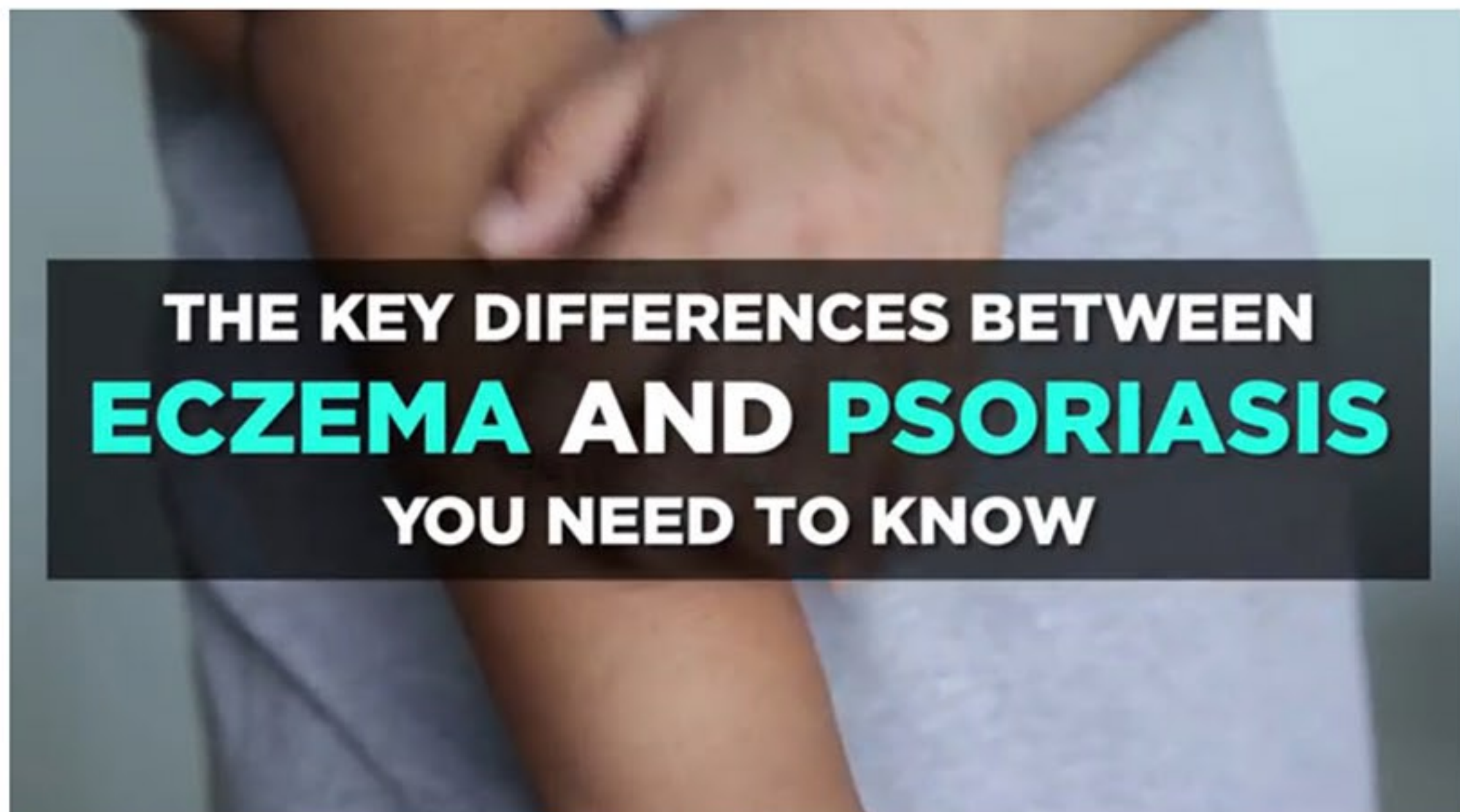


What is Inverse Psoriasis—and What’s the Best Way to Treat It?

This rash appears in sweaty skin folds.

By [Lambeth Hochwald](#) | June 27, 2019



Psoriasis typically occurs on the elbows and knees, but when you have inverse psoriasis, it tends to appear as smaller, pink, sometimes itchy patches in the skin folds or creases.

Also called hidden psoriasis, this painful type of psoriasis—an inflammatory condition that occurs when your skin cells multiply too quickly—appears in places on the body where the skin rubs against skin or where the skin tends to stay sweaty. It affects 2-6% of people with psoriasis.

“Inverse psoriasis gets its name because this rash shows up in very specific places where skin may chafe, such as the groin, genitals and under the breasts,” says Hal Weitzbuch, MD, a dermatologist in Calabasas, California.

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What to expect if you have inverse psoriasis

In most cases, inverse psoriasis takes the form of a red shiny, smooth rash. In addition, this rash may feel moist to the touch and lead your skin to feel irritated or itchy. You may find that you feel worse in the warmer months or after you’ve been active, as this particular rash may become more inflamed due to heat and friction.

In addition, inverse psoriasis sufferers may also be more susceptible to yeast or fungal infections, says Dr. Weitzbuch.

However, besides the location where rashes form on the body, there is another key difference between [a diagnosis of inverse psoriasis](#) and a diagnosis of plaque psoriasis.

“A rash from inverse psoriasis is usually shinier and less scaly than a plaque psoriasis rash, which is a raised red patch covered with a buildup of whitish dead skin cells referred to as ‘scale,’” says Dr. Weitzbuch.

What are the best ways to treat this?

Since inverse psoriasis is often confused with an allergic skin reaction or a fungal infection (these conditions can look similar to the untrained eye), it’s important to make an appointment with a dermatologist who specializes in psoriasis, especially if you’ve noticed that you have a rash in a skin fold or crease that isn’t healing, says Keith Choate, MD, a Yale Medicine dermatologist.

“This specialist can accurately make a diagnosis and choose a tailored treatment for you,” he says.

Today’s inverse psoriasis treatment plans include the use of calcipotriene, a cream or ointment that contains vitamin D3 to help slow the growth of skin cells and reduce inflammation; coal tar, a soothing gel; and Castellani’s Paint, a paint-on liquid that can help dry rashes.

The next line of defense: Mild topical corticosteroids that you apply directly to the skin. These topical creams are also effective in helping to reduce irritation and discomfort.

“Applying topical steroids can help to calm inflammation, redness, and itch in the skin,” says Tsippora Shainhouse, MD, a dermatologist in Los Angeles. “Topical vitamin D can also slow down the production of new skin cells so that there are fewer cells building up and creating thick scale.”

While topical steroids are the biggest go-to recommendation for treating inverse psoriasis, their use can cause the skin to become thinner and prompt more sensitivity.

“That’s why these creams should be used only under the guidance of your healthcare provider,” Dr. Choate says.

Phototherapy (or light therapy) is another treatment option that is often recommended to help treat inverse psoriasis. The goal: By exposing skin to UVB rays, you can ultimately help slow the growth of skin cells.

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“While UV light is generally a no-no in dermatology since we know that too much can be associated with the development of skin cancer and melanoma, UV light has been shown to have an anti-inflammatory effect in psoriatic skin and is a very useful option for reducing symptoms,” Dr. Shainhouse says.

In addition, innovative new biologic treatments, delivered via infusion or injection, have been developed over the past decade to help patients [cope with inverse psoriasis](#).

“These biologics target specific inflammation pathways that are associated with psoriasis and, depending on the medication, work to inhibit specific molecules or cell receptors,” Dr. Shainhouse says. “In turn, these halt the inflammation and abnormal cell division associated with psoriasis that leads to skin rash.”

Finally, if you’re experiencing a severe case of inverse psoriasis, your dermatologist may recommend a systemic steroid like prednisone. But as Dr. Choate and others point out, responses to prednisone tend to be short and severe rebound flares are common.

In the end, while inverse psoriasis can be painful, there are a variety of ways to relieve your symptoms. Your first step is to speak with a dermatologist about your best treatment plan.