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**President's Message**

We are currently looking at ways to improve the association and one of the ways is to get members involved in the association, and to have a community where we can interact with one another and share our thoughts and ideas. Currently, we are looking at revamping our psoriasis association website to make it more interactive and updated with the latest information on psoriasis. We are hoping that we can use this website to allow us to interact more and be updated on the events and activities of the association. As we are still in the planning and design phase, I encourage you to give us your suggestions on what you would like to see on the new website. It can be a wish list for what you think your ideal website should be like and we will try to incorporate the ideas if it is feasible or within our means. We want the website to be useful to you and tailored to your needs. So feel free to give us your suggestions. No suggestion is too small or insignificant.

If you have any special skills in computing or web design and are willing to help us in the project, please volunteer your services and we will be glad to have you on board.

We are also planning more activities in the coming months, so do look out for them in the Newsletter.

Take care and God bless,

*Colin Theng*

**The 2010 New Year party**

**Written by Yanee**

**from LEO Pharma, event sponsor**

I had the opportunity to attend the annual 2010 New Year party organized by The Psoriasis Association of Singapore. This fun-filled event was held on 6 February 2010 at Seoul Garden, Ngee Ann City.

Members of the Association came with their family and friends to share the happy occasion. It was heart warming to see the enthusiasm of the committee members in ensuring that the event went well. I could sense the feeling of contentment when they managed to achieve the 90% attendance rate.



Each member received a bookmark which contained the address of an informative website on psoriasis. While waiting for the event to start, each of us were given a numbered card to determine our group for the games session.



The event started with a welcome speech by the Vice-President, Mr Wong Foot Keng, after which, he invited the members to start the barbecue lunch. All were kept busy grilling the marinated meats as their stomach started to grumble! Members interacted with each other while waiting for their food to be ready. What surprised me was that everyone was friendly and chatty, totally opposite of what I expected. They made me feel comfortable and we had a lively discussion on many things e.g. working life, family, hobbies, etc.



Nik, the event coordinator, was constantly on his toes as he rolled out the programmes lined up for the day. Everybody was divided up into 3 groups with equal number of young and old. A leader was appointed and we were told to brainstorm for a group name.

First up was a game of Charade. In an ambience filled with fun and laughter, everyone participated enthusiastically trying to guess the name of the movie that was being acted out. Next up, was a series of brain teaser games testing our general knowledge, creativity and our knowledge on the

identity of famous personalities. Group members cracked their brains and contributed accordingly to their expertise.

Active participation, team spirit and cooperation were evident throughout the session. Prizes, sponsored by LEO Pharma, were given to the lucky winners. The Association took the opportunity to hand out gift vouchers to the financially needy patients.



Overall, it was a great experience and an eye opener for me as it changed my perception of the psoriatic patient. They too can lead a normal life, just like anyone else. What they need are a supportive family, friends and an accepting society. Hence, such activities will be beneficial to them, as it will give them optimism and a sense of acceptance.

I would like to thank the committee members of the Psoriasis Association of Singapore for giving me this opportunity to mingle and make more friends.



## Psoriatic nail disease and intralesional injections

**Dr Lim Kar Seng**  
Consultant Dermatologist, NSC

Psoriatic nail changes is commonly associated with cutaneous disease and is found in up to 55% of patients with psoriasis. Some forms are particularly destructive and incapacitating, and many lead to a degree of functional or social handicap. There are a wide range of treatments that has been tried and assessed with respect to their benefit to the nails, independent of effects on disease at other sites



Fig 1A: Patient A – Nail psoriasis

These include topical agents such as topical corticosteroids, vitamin D analogues (e.g. calcipotriol or calcitriol creams) as well as combination creams (betamethasone dipropionate-calcipotriol combination).



Fig 1B: After a single treatment with intralesional injection

In cases that are more severe and result in significant distress to patients, more advanced options include local photochemotherapy, oral agents such as systemic retinoids, methotrexate or cyclosporine. The oral agents are associated with its respective side effects and close monitoring to detect any of the unwanted side effects are important.



Fig 2A: Patient B – Nail psoriasis

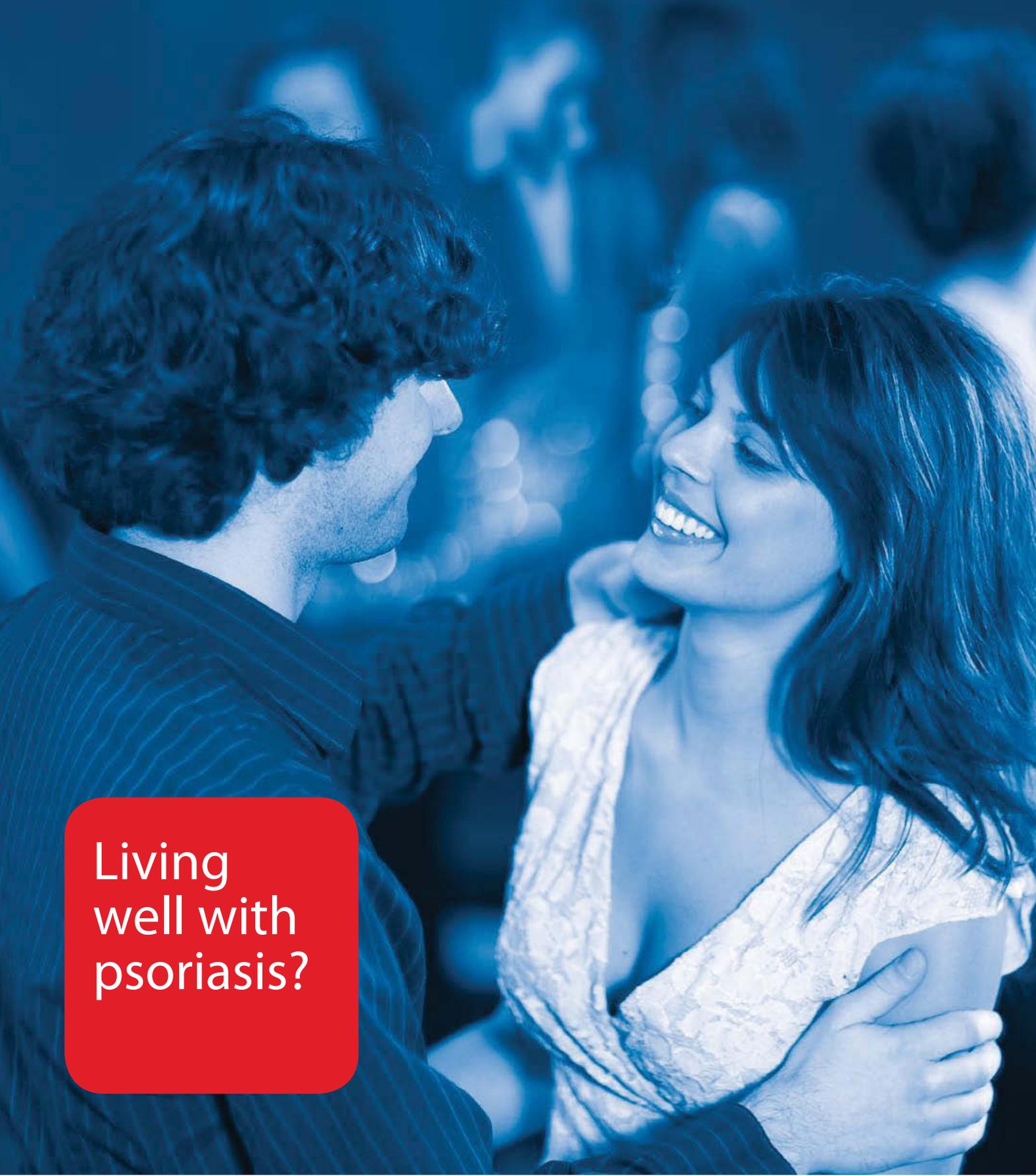
In patients who are not keen for oral agents in view of the associated potential side effects, another alternative is intralesional steroid injections. This method entails regular intralesional steroid (e.g. triamcinolone) injections into the nailfolds of the affected digit of the patient. Up to 4 digits can be treated at one setting and the treatments are usually repeated on a monthly interval. Improvement in the appearance of the nails after a series of injections may be remarkable in some patients. Figures 1A and 1B shows the improvement in a patient's fingernails 2 months after a single treatment of intralesional injections. Figures 2A and 2B shows the result after 2 treatments of intralesional injections in a different patient. As pain during the injections may be a limiting factor, a digital block is employed to anaesthetize the area. This entails injecting a local anaesthetic (lignocaine 1%) into the sides of the digit to be treated. Employing this method usually results in a painless treatment session for the patient.



Fig 2B: Patient B – After 2 treatments of intralesional injections

Another common side effect seen after intralesional nailfold injections is the development of tiny blood clots under the treated nail (subungual hematoma). This is usually of minor consequence and the clot will eventually grow out and the nail lengthens. Other rarer side effects include infection, permanent loss of nail and tendon rupture.

Most patients who undergo this procedure find it acceptable with minimal side effects. The absence of systemic side effects is also a significant factor in patients with distressing psoriatic nail disease.



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