PATIENT EDUCATION

Psoriasis & radiation therapy

A plain-language guide for patients and families. Bring this to your visit. It does not replace advice from your clinician.

What is this condition?

Psoriasis is an immune skin disease: thick, scaly plaques, often on elbows, knees, and scalp. It can also inflame joints (psoriatic arthritis). Dermatology and rheumatology medicines have improved dramatically. Radiation is rarely used and only for a stubborn plaque or a special site after those options are exhausted or not possible. It is not a general psoriasis cure.

What you may notice

- Thick plaques that flake and itch
- Nail pitting or joint pain
- A plaque in a location that has failed several field therapies
- Confusion with fungal rashes — diagnosis should be confirmed

Usual care

Topicals, phototherapy, and systemic or biologic drugs are standard. Joint disease needs rheumatology. Infection and cancer screens are part of biologic care.

Where CureRays may fit. CureRays would consider superficial radiation only for a mapped, refractory plaque after dermatology referral. We will decline requests to “just zap all of it.” Confirm the diagnosis and the medicine history.

What treatment usually involves

- Dermatology letter listing failed therapies
- Photography and a small-field simulation
- A short superficial course
- Moisturizer and follow-up with dermatology for the rest of the skin

Immobilization — why it matters

Shielding limits the field to the plaque. Stillness is brief. Do not treat surrounding healthy skin as if it were optional coverage.

Side effects you should know about

Low-dose or superficial courses use much less dose than most cancer plans. Effects are usually local. Confirm your list with your clinician — this is not a consent form.

- **Redness and a temporary worse look** of the plaque.
- **Dryness.**
- **Rare / serious.** Infection or ulceration in the field.

What this means for you at CureRays

If radiation helps one plaque, the disease can still appear elsewhere. Keep your dermatologist.

Questions to ask

- Have phototherapy and systemic options been truly tried or contraindicated?
- Which exact plaque would you treat?
- What does success look like — thinner scale, less itch, or clearance?
- How do we watch for joint disease?

How to schedule or learn more

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