INTRODUCTION
The diagnosis of congenital psoriasis is rare, nationally the prevalence of adults with psoriasis can be as high as 3% while estimations for psoriasis in the pediatric population is 1%. Psoriasis is an immune mediated inflammatory process that produces activation of T cells that lead to abnormal keratinization. Certain genetic factors have been described, the most strongly associated human leukocyte antigen type is Cw6. We present a case of a biopsy proven psoriasis since birth. We review the literature and comorbidities associated with psoriasis for consideration in pediatric patients with this chronic disease.

CASE REPORT
A three-week old female presented having pink patches and plaques with a fine scale to the intertriginous areas and scalp that were present since birth. She was born full term via spontaneous vaginal delivery without complications during pregnancy or delivery.

On exam there were pink patches and plaques with a fine scale to the axilla, neck, inguinal folds and scalp. She had previously been treated with mometasone 0.1% cream daily for one week with little improvement. Family history was negative. A punch biopsy was obtained to ascertain if there was an underlying systemic process due to the presentation and poor response to potent topical steroids.

One week following the biopsy the patient presented with an acute flare of erythematous patches and plaques to the body. The patient was admitted to the hospital for observation, treated with topical corticosteroids and wet wraps. Rheumatology was consulted and long term treatment options were discussed with the parents. The patient was started on acitretin. Two weeks into treatment visual improvement was seen.

DISCUSSION
Congenital Psoriasis
Rare presentation of an autoimmune, chronic skin disorder

Clinical Presentation
Erythematous plaques and patches with adherent scale over a wide distribution. Typically involves the face and scalp and spares the diaper area.

Histology
Parakeratosis overlying a thickened epidermis and absent granular layer. Elongated rete ridges with dilated capillary loops and collections of neutrophils in the epidermis.

Pathogenesis
Inflammatory cascade of T cells (Th2 and Th17) and the production numerous inflammatory cytokines leading to systemic inflammation, rapid keratinocyte turnover and systemic involvement. Triggers for psoriasis can be infectious, traumatic, stress or idiopathic. Genes implicated in psoriasis reside on chromosome 6 more commonly PSOR1. HLA types Cw6, B13, B17

CONCLUSION
Congenital psoriasis is a less commonly encountered disease. That requires a skin biopsy for a definitive diagnosis and better directed therapy. Treatment can be fraught with complications and patient education. In pediatric patients rheumatology or pediatric dermatology involvement will help to maximize patient outcome. A great deal of education for parents of these children is required to understand expectations as well as the prognosis and future comorbidities.