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EDITORIAL COMMENT

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A leading article entitles [Misuses and side effects of steroids derivatives, Nemah Aljubori], of this issue presented an interesting healthcare problem. The articles summarized the side effects of using corticosteroids; however, the extent of the problem was more in our community [1]. Ethically, the disease management relay on application of guideline that was formulated for each disease. In Iraq, the majority of medical doctors in about all specialties don't restrict in their patients management to the guidelines.

Medical community facing a malpractice in treatment of some diseases which include using of corticosteroids, antibiotics, and drug combinations. This problem is mainly practiced by nursing staff and pharmacists; however, physician's malpractice is recorded in medical community. During my practice in my clinic during the period from 19 May, 2007 to end of November, 2018, erythroderma as a result of psoriasis treatment with systemic corticosteroids forms 25.3% of the episodes. Of these 2.44% are due to scabies, and 1.63% are drug induced erythroderma [2] This rate of erythroderma is higher to that previously reported for Iraq. This reflected a high rate of erythroderma as a result of malpractice in the treatment of psoriasis and this warranted a review to the regulation of healthcare delivery by the medical community.

In literature, psoriatic erythroderma prevalence was 1-2.25% and it is the least common form of psoriasis [3]. Systemic corticosteroids lead to erythroderma in psoriatic patients was reported [1, 4]. Many drugs are implicated as a cause of erythroderma, which include: sulphonamides, penicillin, isoniazid, antimalarial, allopurinol, phenytoin, omeprazole, captopril, vancomycin, infliximab, streptomycin, PAS, pyrazinamide, ethambutol, and rifampicin [5-9]. Scabies also implicated as a cause of erythroderma [10-12]. Jose et al [12], in an epidemiological study on erythroderma in India found that psoriasis is the common cause of erythroderma (38.23%), followed by the drug induced (20.59%), while atopic dermatitis, irritant dermatitis, pityriasis rubra pilaris, scabies, congenital ichthyosiform, pemphigus foliaceous, systemic lupus erythematosus and T. corporis form 5.88% for each. It seems to be that most the published studies on erythroderma are from developing countries indicating that erythroderma psoriasis induced due to malpractice [1, 5-9, 12].

In conclusion, malpractice induced psoriatic erythroderma represents a healthcare problem in our community with social impact on patient's families. Thus, systemic corticosteroids prescription must be restricted to the specialist with monitoring of such prescription. Additionally, the Iraqi Medical Syndicate, Iraqi Dental Syndicate, Pharmacist Syndicate, and Nursing Syndicate in collaboration with Ministry of Health and Ministry of Higher Education and Scientific Research establish a program for development of National Guidelines for common diseases in Iraqi community.

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