**Methods**

The study was carried out at dermatology outpatient clinics in Farwaniya Hospital. Fifty children aged between 8 and 17 years, weighing ≥40 kg, and presenting with moderate to severe chronic plaque psoriasis for at least 6 months were selected. Patients were enrolled after written informed consent was obtained from their parents. Inclusion criteria included candidates with a Psoriasis Area and Severity Index (PASI) score of 10 or more, a Physician's Global Assessment (PGA) of 3 (moderate) or 4 (severe) (on a 5‐point scale), and an affected body surface area of 10% or more at baseline, and who were considered good candidates for systemic therapy or phototherapy, or had skin lesions not responding adequately to topical therapy. In addition, none of the enrolled patients had associated systemic illness, and were not receiving any systemic medication for other diseases. All baseline investigations including complete blood counts, basic profile, coagulation profile, lipid profile, hepatitis profile, antinuclear antigen, and T-SPOT test for tuberculosis were performed in all cases. Also, baseline PASI, PGA, Children's Dermatology Life Quality Index (CDLQI), clinical photographs, and detailed recording of history and clinical findings were carried out in all the enrolled cases.

All enrolled patients were given a tablet of tofacitinib 5 mg orally twice daily, with or without food, at approximately 12 h apart. Patients were followed up monthly for monitoring of disease activity and side effects, if any. Investigations including complete blood counts, basic profile, lipid profile, and coagulation profile were repeated after 1 month initially, and then after every 12 weeks. The patients were treated for at least 36 weeks. PASI, PGA, and CDLQI were repeated at weeks 12, 24, and 36.

Clinical response was measured using the PASI 75 and 90, the PGA (which denotes the proportion of patients with a PGA 0/1), and the CDLQI, which ranges from 0 to 30 with higher scores indicating worse outcomes (monitoring the change from baseline to CDLQI 0/1 at weeks 4, 12, 24, and 36).

The safety of the drug was evaluated in terms of the reported incidence and severity of adverse events (AEs), and the abnormalities observed in laboratory test results. Adverse effects were monitored through week 36. Serious AEs were defined as those resulting in death, were life threatening, or required hospitalization of the patient.