

SUBCORNEAL PUSTULAR DERMATOSIS (A Rare Presentation)

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Subcorneal pustular Dermatitis in Pregnancy :

(A rare presentation)

INTRODUCTION: Subcorneal pustular dermatosis (SCPD) also known as SNEDDON-WILKINSON DISEASE, is a rare, chronic, relapsing, sterile pustular eruption of unknown etiology . SCPD is more common in females than in males (4:1). SCPD is benign and chronic disorders for which primary concerns are minimizing morbidity,improving quality of life and ruling out presence of associated internal disease.It classically presents as tiny pustules in flexural areas of trunk and proximal extremities.Although it is benign condition but recurrence are problematic. It is mostly seen in females and associated with hematological disorder, connective tissue disorder,thyroid dysfunction and drugs. Its occurrence in pregnancy is rarely noted.

- **Clinical features**

The primary lesion of SPD are small , discrete , flaccid pustules, or vesicles that rapidly turn pustular and usually arise in crops within a few hours on clinically normal or slight erythematous skin .

In dependent area pus characteristically accumulates in lower half of pustules and upper half of pustules contain clear fluid give HALF AND HALF appearance; as the pustules usually have the tendency to coalesce, they often ,but not always , form annular ,circinate or bizzare surpiginous patterns.

After a few days pustules rupture and dry up to form thin ,superficial scales and crusts, closely resembling impetigo.

Peripheral spreading and central healing leave polycyclic , erythematous areas in which new pustules mark previously affected sites. Variable intervals of quiescence, lasting from a few daus to several weeks may mainly the axillae, groin, abdomen , submammery areas, and the flexor aspects of limbs.

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• **Histological features**

SPD consist with accumulation of neutrophils, absence of spongiosis or acantholysis.

In classic SPD, direct and indirect immunofluorescence studies are negative.

Cultures of pustules consistently do not reveal bacterial growth.

- CASE REPORT: a 29 year 2nd gravida presented at 37 weeks of gestation with previous LSCS scar and mild lower abdominal pain and history of Skin lesion 1 month back. She was had similar complain a year back. Physical and Obstetrical examination revealed no other abnormal findings. Patient taken for LSCS done in view of 1previous scar with scar tenderness ,On third day post caesarean she again developed similar type of skin lesion . Starting from the abdomen , involved whole of the trunk in same day. She also deveveloped lesion which were small multiple flaccid pustular lesions which were initially vesicular, slight redness around it. She also complaining of itching all over. Culture report from lesion shows no growth and Histopathological examination reported neutrophilic infiltration beneath Subcorneal layer confirms diagnosis of SCPD. Case was discussed with Dermatologist also ,Patient was prescribed Tab Prednisolone 40 mg OD , tab Levocitrizine 10mg HS Beclomethasone lotion for local application. She recovered slowly and was discharged on 9th day. The patient was followed up for 2 months and no relapses were noted



Discussion

- SCPD , a rare chronic relapsing sterile vesiculo-pustular lesion with unknown incidence, no aggravating factors known. Various studies have shown its association with systemic diseases like hematological disorder, neutrophilic dermatosis, connective tissue disorder, thyroid disorder, drugs and infection.
- Pathology of this disease is still unclear and controversial. Some studies suggest genetic components. The symptoms mimic puerperal sepsis and many pregnancy associated condition like pustular psoriasis and dermatitis herpetiformis. Therefore the diagnosis often delays .

- **CONCLUSION:** Subcorneal pustular dermatosis should be differentiated from wide spectrum of disease that progress with pustular eruption, such as bacterial folliculitis , acne, localized pustular contact dermatitis , Sweets syndrome ,impetigo, pemphigus foliaceus, SSSS, and generalized pustular psoriasis .
- Histopathological examination is very important to make definitive diagnosis of SCPD to avoid maternal mortality because of secondary infection to pustules which leads to Septicimia and may lead to maternal mortality.

References

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THANK YOU.!!