Generalised Pustular Psoriasis of Pregnancy (Impetigo Herpetiformis): Case Report

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Generalised pustular psoriasis of pregnancy (Impetigo herpetiformis) is a rare pregnancy related dermatosis. Onset is usually in the 3rd trimester with sterile, grouped, confluent pustules on erythematous base usually starting in the body folds and then becoming generalised. Constitutional disturbances, diarrhea, vomiting, delirium and tetany are common. If not treated it can lead to maternal as well as fetal death. Child birth frequently leads to remission of the disease. The condition tends to recur in subsequent pregnancies. Here we report a typical case of Generalised pustular psoriasis of pregnancy in which all the measures failed to control the disease and premature elective caesarean section with successful maternal and fetal outcome rapidly lead to the remission of the lesions.

Mrs. A.D. a 25 years old primigravida of 34 weeks pregnancy was admitted in skin ward with the complaints of sudden onset of multiple, grouped superficial pustules and low grade fever. On examination, she was mildly febrile with a pulse rate of 94/minute and other general examination findings were normal. Cutaneous examination showed multiple small grouped pustules over intensely erythematous warm plaques. At places the pustules had become confluent to give a lake of pus appearance (Fig I). The lesions were bilateral,

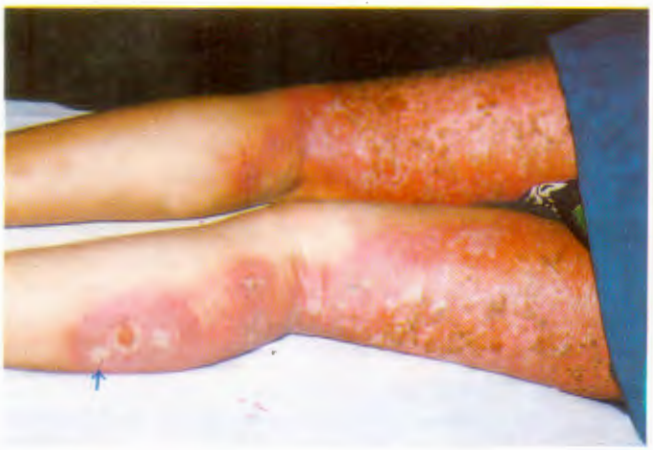

Fig 1

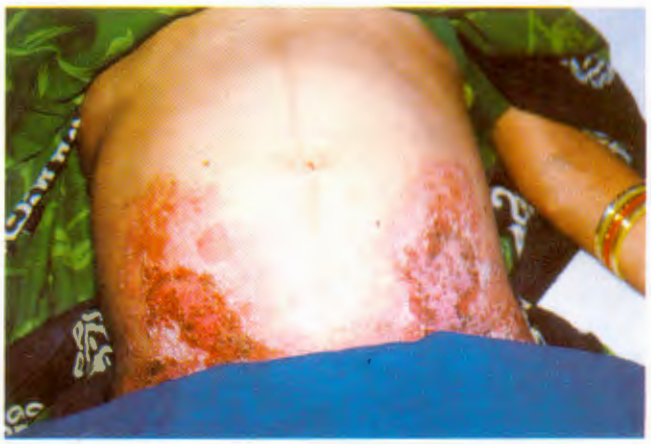

Fig. 2

symmetrical, with onset in the groin and spreading on to the lower abdomen, thighs, axillae and forearm (Fig 2).

Ultrasonography revealed a viable fetus of 34 weeks gestation. Laboratory parameters showed a haemoglobulin of 10.4g%, ESR of 52mm at the end of first hour, microcytic hypochromic anaemia and a decreased serum albumin level. Her pus from a lesion was negative on gram staining and did not show any growth on culture and sensitivity. Her VDRL, TPHA and ELISA for HIV -1 and 2 were negative. Serum concentration of calcium and phosphorous were decreased. Histopathological evaluation from one of the plaques revealed typical changes of pustular psoriasis with parakeratosis and abscess of neutrophils (Kogoj's spongiform pustules and Monro's microabscess). Inspite of starting her on tablet prednisolone 60mg/day in two divided doses, her lesions were not controlled and spread also over the face associated with increasing fever and tachycardia. Prednisolone was increased to 100mg/day. Even then the lesions were not controlled. An elective caesarean section was performed. After the birth of a healthy 2kg female baby, her lesions started subsiding with complete clearing within 10 days.