

PUSTULAR PSORIASIS

OVERVIEW

Pustular [PUHS-choo-lar] psoriasis is characterized by white pustules (blisters of noninfectious pus) surrounded by red skin. The pus consists of white blood cells. It is not an infection, nor is it contagious.



SYMPTOMS

Pustular psoriasis is primarily seen in adults. It may be localized to certain areas of the body - for example, the hands and feet. Pustular psoriasis also can be generalized, covering most of the body. It tends to go in a cycle - reddening of the skin followed by formation of pustules and scaling.

A number of factors may trigger pustular psoriasis, including:

- Internal medications
- Irritating topical agents
- Overexposure to UV light
- Pregnancy
- Systemic steroids
- Infections
- Emotional stress
- Sudden withdrawal of systemic medications or potent topical steroids.

TYPES OF PUSTULAR PSORIASIS

Von Zumbusch

Von Zumbusch can appear abruptly on the skin. It is characterized by widespread areas of reddened skin, which then become painful and tender. Within hours, the pustules appear. Over the next 24 to 48 hours, the pustules dry leaving the skin with a glazed and smooth appearance. Von Zumbusch is rarely seen in children, although when it does, it is often the first manifestation of psoriasis and may have a better outcome than in adults.

This form can be life-threatening and medical care must begin immediately. People with von Zumbusch pustular psoriasis often require hospitalization for rehydration and initiation of topical and systemic treatment, which typically included antibiotics. Von Zumbusch is associated with fever, chills, severe itching, dehydration, a rapid pulse rate, exhaustion, anemia, weight loss and muscle weakness.

Palmoplantar pustulosis (PPP)

Palmoplantar pustulosis a type of pustular psoriasis that causes pustules on the palms of the hand and soles of the feet. The base of the thumb and the sides of the heels are commonly affected sites. The pustules initially appear in a studded pattern overlying red plaques of skin, but then turn brown, peel and become crusted. The course of PPP is usually cyclical, with new crops of pustules followed by periods of low activity.

Acropustulosis (acrodermatitis continua of Hallopeau)

Acropustulosis is a rare type of psoriasis characterized by skin lesions on the ends of the fingers and sometimes on the toes. The eruption occasionally starts after an injury to the skin or infection. Often the lesions are painful and disabling, producing deformity of the nails. Occasionally bone changes occur in severe cases.

TREATMENT

It is not unusual for doctors to combine or rotate treatments for pustular psoriasis due to the potential side effects of systemic medications and phototherapy. More than one study has shown that a combination of acitretin (brand name Soriatane) and methotrexate produces a rapid remission and eventual clearing of the skin; however these medications do not need to be combined to be effective for pustular psoriasis.

Generalized pustular psoriasis: The goal of treatment is to restore the skin's barrier function, prevent further loss of fluid, stabilize the body's temperature and restore the skin's chemical balance. Acitretin, cyclosporine, methotrexate, oral PUVA and TNF-alpha blockers, such as infliximab, are often prescribed.

Localized pustular psoriasis: Topical treatments are usually prescribed first. However, this form often proves stubborn to treat. PUVA, ultraviolet light B (UVB), acitretin, methotrexate or cyclosporine may be used to achieve clearance.

Von Zumbusch: Acitretin, cyclosporine or methotrexate are often prescribed. Some doctors may prescribe oral steroids for those who do not respond to other treatments or who have become very ill, but their use is controversial because von Zumbusch pustular psoriasis can be triggered by a sudden withdrawal of steroids. PUVA may be used once the severe stage of pustule development and redness has passed.

Palmoplantar pustulosis: Topical treatments are usually prescribed first, but PPP often proved stubborn to treat. PUVA, UVB, acitretin, methotrexate or cyclosporine may be used to clear this form.

Acropustulosis: This form has traditionally been hard to treat. Topical preparations that are occluded may help some patients. Systemic medications have been used with some success in clearing the lesions and restoring the nails.

FOR MORE INFORMATION

Contact a National Psoriasis Foundation health educator if you need more information by calling 800.723.9166 or emailing education@psoriasis.org

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