PUSTULAR PSORIASIS : TREATMENT WITH ANTIBIOTICS

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A 17 years old boy presented clinically with typical lesions of pustular posriasis. Although his pus culture from the pocket of pus did not reveal any organism, his blood culture reports showed growth of Diplococci pneumoniae, which was sensitive to gentamycin. The patient was completely cured of the lesion after gentamycin therapy.

Key Word: Pustular psoriasis

Introduction

Pustular psoriasis is an uncommon form of psoriasis when it is studded with tiny, superficial, sterile pustular lesion over the trunk. There are two forms of pustular psoriasis localised and generalised. In the localised form, the disease is confined to hands and feet and tends to be chronic. In generalised form, the whole body may be involved and the course is either subacute or acute and even fulminating and may be life threatening.[1] Pustular psoriasis is precipitated by overtreatment with topical tar, anthralin and potent steroids or by systemic therapy with progesterone and corticosteroids. Foci of infection, pregnancy and hypocalcaemia may also precipitate it.[2]

Case Report

A 17 years old school student from a hill area of Assam was admitted with pustular lesions with 'pocket of pus' all over the body with exfoliation. Patient gave the history that he had been having localised scaly lesion for past several years for which he was given steroid tablets by a local doctor. He showed initially some response but he had to take several steroid tablets daily to control his condition. During the treatment period he developed generalised pustular lesions all over the body. On admission the patient had fever anaemia, looked toxic and had buffalo hump and abdominal striae. Local examination showed several superficial vesiculo-pustular lesions with typical pockets of pus present all over the trunk. In addition he had fine scaly lesions and had generalised erythema over the trunk and back. On investigation stool and urine were normal. Blood reports showed Hb-10gm/dl. Total count 9,800/cu mm, ESR-53 mm in the 1st hour, SGOT=34 units/ml, SGPT=12 units/ml,X-ray chest, joints were normal. His pus culture showed no growth of any organism. The patient was put on methotrexate 25mg weekly IV. Although patient showed improvement with 4 doses of methotrexate, he continued to have pustular eruptions with fever, signs of toxaemia and scaling during the therapy. His blood was cultured on glucose broth. Blood culture showed growth after 48 hours, and it was again subcultured in McConkey media, Nutrient agar. The Nutrient agar showed growth of Diplococci pneumoniae, which showed sensitivity to gentamicin. The patient was put on gentamicin 80mg twice a day. After 48 hours, pustular lesions started regressing and within 7 days patient noticed remarkable improvement. Although there were no visible 'pockets of pus' after 14 doses of gentamicin the injection was continued upto 20 doses, while patient was on methotrexate 25 mg weekly doses. The patient was observed for two more weeks for any pustular lesion, but he had not developed any lesions.

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Discussion

The cause of pustular psoriasis is not known although the precipitating factors are known. Our case was treated for a long time with high dosages of corticosteroids. This was likely the precipitating cause for the development of pustular psoriasis in this case.

The usual bacterial organism in the blood of pustular psoriasis is Staphylococcus aureus.[3] Our case report indicates that microorganisms other than staphylococci may be present. Earlier available reports do not indicate Diplococci pneumoniae in the blood culture in pustular psoriasis. Our experience from the case is that blood culture is essential for all cases of pustular psoriasis with antibiotic sensitivity report. Combination of specific antibiotic along with mithotrexate therapy gives better result.

References

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