SUBCORNEAL PUSTULAR DERMATOSIS

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Two cases of subcorneal pustular dermatosis are reported; one was a male child and the other a young female. Both the cases responded to dapsone. Follow up of one patient for one and half year has shown no recurrence without dapsone.

Key words : Subcorneal pustular dermatosis.

Subcorneal pustular dermatosis usually occurs in middle aged women.[1] The disease is rather uncommon. In the present communication we report two cases of SPD. To the best of our knowledge this is the first report of this disorder from Libya.

Case Reports

Case 1

An 8-year-old boy was having recurrent attacks of pustular eruptions on the trunk and extremities of three and half year duration which then spread to involve other areas. The lesions would disappear in 3 to 4 weeks time leaving behind mild hypopigmentation. There was no seasonal variation, but there was moderate pruritus. There were no systemic complaints.

Examination revealed multiple, very superficially situated pustular lesions on abdomen, chest and extremities. Some of the lesions were discrete while others were arranged in a circinate pattern. There was no involvement of scalp, face and mucous membranes.

Routine laboratory investigations of blood and urine were normal. The liver function tests and serum immunoglobulins were also normal. Culture from pustular lesions for pyogenic organisms were negative on three occasions. A skin biopsy of a fresh pustular lesion revealed a subcorneal pustule filled mostly with polymorphonuclear leucocytes. The epidermis showed mild spongiosis. There was no acantholysis and dermis was unremarkable.

The child was put on dapsone 50 mg twice daily with which the lesions were controlled in about two weeks time. The dose was then reduced to 50 mg daily which was continued for two months. The patient has now been under follow-up for one and half years and he has not shown any recurrence of lesions.

Case 2

A 20-year-old female presented with superficial pustular lesions on the extremities, chest and back of about one year duration. Face and mucous membranes were unaffected. The lesions were asymptomatic and recurrent. Histopathology was consistent with diagnosis of SPD. The lesions responded to 100 mg dapsone twice a day in about a week's time. The dose of dapsone was reduced to 100 mg a day and now the patient is on a maintenance dose of 50 mg a day.

Comments

Most of the cases of SPD reported in literature have been middle aged women in the age group of 40-50, the female:male ratio being 4:1.[1] Our first patient was a male child in whom the disease started rather early in life at the age of $4\frac{1}{2}$ years. This tallies with reports from India where SPD appears to occur more commonly in males and in a relatively younger age group.[1,5] The disorder appears to be benign as in the first

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patient a follow up for 1½ years has not shown any recurrences. The child has also not been on a maintenance therapy with dapsone which contradicts earlier reports which suggest that a maintenance dose is necessary to keep the patient free from lesions.[6]

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