

## SUBCORNEAL PUSTULAR DERMATOSIS DURING SUMMER MONTHS

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15 cases of subcorneal pustular dermatosis (SPD) were observed during June to October 1992. 5 were fresh cases and 10 were old patients with relapses. Seasonal variation with relapses only during successive summer months was observed. Histopathology revealed typical subcorneal pustules filled with neutrophils in 10/15 cases. All patients responded satisfactorily to 150 mg dapsone daily therapy.

**Key Words :** Subcorneal pustules, Neutrophils

### Introduction

SPD is a benign, chronic, relapsing disease characterized by discrete, annular or serpiginous flaccid vesiculopustules on an erythematous base which on drying leave leafy scales or crusts on their spreading margins.<sup>1,2</sup> Flexural distribution has been reported.<sup>3</sup> Initial episode and relapses only during summer months has been reported earlier casually.<sup>4</sup> Sex ratio of males to females was 1:4 and age of onset varied from 44 to 55 years.<sup>4,5</sup> SPD has been reported earlier from India also.<sup>6,7</sup>

### Patients and Methods

15 cases of SPD were selected from the outpatients of dermatovenereology department from June to October, 1992. Detailed history, thorough clinical examination and biopsies were done in all the cases. All cases were treated with 150 mg dapsone daily and topical steroids containing antibiotics.

### Results

There were 12 females and 3 males

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and so sex ratio was 4:1. Youngest patient was 44 years and oldest was 68 years and mean age was 56.5 years. The duration of disease varied from 10 days to 10 years and mean duration was 5.5 years. History of burning and variable degree of pruritus were seen in all cases. Pruritus was severe in 6/15, moderate in 5/15 and mild in 4/15 cases. Most significant observation was that initial episode and relapses were limited to months between June and October. All cases were disease free between November 1992 to May 1993. 12/15 cases showed typical vesiculopustules in annular, serpiginous pattern on erythematous base and 3/15 cases with early mild disease had discrete flaccid vesiculopustules on erythematous base. Flexural distribution with maximal lesions in the groins, lower trunk, buttocks and upper thighs that is sites covered by underwears were seen. There were no constitutional symptoms. General physical and systemic examinations were normal. In 10/15 cases typical subcorneal pustules with collection of neutrophils were seen. In 5/15 cases spongiosis and exocytosis of epidermis by neutrophils was observed (Fig. 1).

150 mg dapsone per day was given in all 15 cases. Beneficial response with

## Discussion

SPD is a rare disease and seasonal variation in it has not been stressed earlier. It could be SPD like dermatosis limited only to hot humid months.<sup>4,5</sup> SPD cases were differentiated basically from chronic pustular psoriasis<sup>8,9</sup> and tinea glabrosum.<sup>10</sup>

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Fig.1. Subcorneal pustule filled with fluid and neutrophils. The stratum malphigi beneath the pustule shows spongiosis and exocytosis by neutrophils. The dermis also shows oedema and infiltration by neutrophils (H & E x 100).

drying of pustules was observed within 2 weeks. Complete remission was seen in 11/15 cases after 6 weeks therapy and lesions in all healed by October end without scars and with residual post-inflammatory discolouration. Dapsone was discontinued after 2 weeks of complete clearing of lesions and all patients remained in remission upto May 1993.