## CASE REPORT

# SUBCORNEAL PUSTULAR DERMATOSIS

By

N. K. MATHUR,* J. S. PASRICHA** & K. C. KANDHARI***

Subcorneal Pustular Dermatosis was described by Sneddon and Wilkinson in 1956 as a pustular eruption occurring mainly on the trunk and flexors of the proximal parts of the extremities in elderly females. Since then 132 cases have been described todate, some of them being males and also in the younger age groups (Singh, 1963 and Pagnes, 1967). A young male patient recently seen by us is reported below.

## CASE REPORT

A 27 year old male labourer presented with recurrent episodes of pustular eruptions over the sides of the trunk and axillae for the past 7 months. He had been treated earlier with sulfonamides and penicillin without any relief. Fresh lesions were seen in the form of vesicles and pustules, while the old and healing ones were scaly and hyperpigmented macules (Fig. 1). There was no atrophy of the skin. The face and distal parts of the extremities were not involved. There was no involvement of mucous membranes.

Repeated cultures from the pustules were sterile for pyogenic organisms. Biopsy from a fresh lesion showed a classical subcorneal pustule (Fig. 2) full of polymorphs and a few eosinophils (Fig. 3). The underlying epidermis showed spongiosis, while the dermis showed dilated blood vessels and scattered inflammatory infiltrates consisting of polymorphs, eosinophils and a few lymphocytes. There was no acantholysis. He was treated with 50 mg of Diaminodiphenylsulphone per day. All the lesions dried up and there was no relapse on a follow up for two months.

## DISCUSSION

The clinical picture of subcorneal pustular dermatosis is as a rule, sufficiently characteristic to differentiate it from bullous impetigo, pemphigus foliaceous and pustular psoriasis with which the histopathological picture may at times be confused. The aetiology of this disease, however, still remains unknown.

The possibility of its being caused by pyogenic organisms is ruled out by the fact that cultures have been repeatedly negative in most of the reported cases. Peterson et al (1965) have suggested a resemblance to dermatitis herpetiformis on the basis of an increase in Beta-2A globulin fraction in both these conditions Ise aud Ofuji (1965) reported a subcorneal pustule at the site of intracutaneous test with streptococcal extract and suggested a hypersensitivity phenomenon in this disease. Pagnes (1967) however, presumed virus to be the causative agent.

*Resident fellow, Department of Dermatology and Venereology, All India Institute of Medical Sciences, New Delhi.

**Assistant Professor, Department of Dermatology and Venereology, All India Institute of Medical Sciences, New Dehli.

***Professor of Dermatology and Venereology, All India Institute of Medical Sciences, New Dehli.

Whatever the primary aetiologic agent, formation of a subcorneal pustule suggests that the process starts in the outermost layers of epidermis resulting in the liberation of leucotaxic substances which attract polymorphs and eosinophils from the dermal blood vessels.

## SUMMARY

A 27 year old male labourer with recurrent superficial pustular lesions on the trunk and proximal parts of extremities is reported. Histopathological picture was characteristic of subcorneal pustular dermatosis.

## REFERENCES

1. Ise, S. and Ofuji, S. : Subcorneal pustular dermatosis a follicular variant. Arch. Derm., 92 : 169, 1965.
2. Pagnes, P. : Contribution to the study of Sneddon Wilkinson subcorneal pustular dermatosis. Minerva Derm., 42 : 132, 1967. Quoted by Excerp. Med. Sec. XIII, 22 : 576, 1968.
3. Peterson, W.E. Jr.; Kjartansson, S. and Fusaro, R.M. : Subcorneal pustular dermatosis an immunoelectro-phoretic study. Acta Dermato-Vener., 45 : 203, 1965.
4. Singh, R. P. : Subcorneal pustular dermatosis. Ind. J. Derm., 9 : 5, 1963.
5. Sneddon, I. B. and Wilkinson, D. S. : Subcorneal pustular dermatosis. Brit. J. Derm. 68 : 385, 1956.