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CASE REPORTS

SUBCORNEAL PUSTULAR DERMATOSIS AND EOSINOPHILIA

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An young male having subcorneal pustular dermatosis is reported. The patient had characteristic skin lesions associated with itching and had typical histopathological changes. Patient also had peripheral eosinophillia and showed dramatic response to Dapsone

Key Words : Subcorneal pustular dermatosis, Eosinophilia

Introduction

Subcorneal pustular dermatosis (SCPD) is seen more among women over 40 years of age,[1] though the disease is rather uncommon and there are few cases reported among children.[2] We are repoting a 22 year old male patient of SCPD with peripheral eosinophilia because of its rarity.

Case Report

A 22-years-old male patient presented with recurrent attacks of mildly pruritic pustular eruptions on the trunk and extremities of 5 years duration. Initially the lesions appeared on the inner aspect of the right arm and within a span of 1 week similar lesions appeared on the trunk, inner aspect of the upper arms, and the thighs. The lesions used to disappear in 3-4 weeks time with hypopigmentation at the site. The lesions were associated with mild to moderate itching and not associated with constitutional symptoms. There was no seasonal variation. Patient was under treatment by general practitioners. There was no history of any other illness. Routine laboratory investigations of blood, urine and stool were within the normal limits except for eosinophilia (differential eosinophil count - 20%, Absolute eosinophil count - 1,200 cells/cu. mm). Chest X-ray was normal. Tzank test did not show any acantholytic cell. Histopathological study of the fresh lesion revealed a subcorneal pustule filled with neutrophils. There was not acantholysis and dermis was normal.

The lesions started disappearing after 1 week treatment with dapsone 100 mg daily. When the patient himself stopped taking the drug there was recurrence which responded after restarting the drug.

Comments

The characteristic morphology of the lesions and the typical sites of distribution suggested a diagnosis of SCPD which was confirmed by histopathology and a dramatic response to dapsone. The recurrence of the lesions after restarting also supports the diagnosis.

Though SCPD is more common in women and in persons over 40 years of age it may occur in any age.[3] Kanwar et al[4] from Libya reported 2 cases of SCPD in younger patients which tallies with reports from India where SCPD appears to occur more commonly in males and in a relatively younger age group.

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SCPD has been reported in association with IgA gammopathy, pyoderma gangrenosum, psoriasis, diabetes mellitus and hypothyroidism.[5-8] The association of SCPD with eosinophilia may be fortuitous but merits further study.

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