

IMPETIGO HERPETIFORMIS

G Zamzachin, Paozachin Guite and T Brajakishore Singh

A case of impetigo Herpetiformis is reported for its rarity and high mortality.

Impetigo herpetiformis with a high mortality rate of over 60% is a rare but a dreaded skin disease predominantly of pregnancy. It is characterized by widespread micro and macro-papulo-pustules which later coalesce to form sheets of pus, epithelial debris and crust. It is associated with constitutional disturbances, electrolyte imbalance and impairment of thermoregulatory function of the skin. The toxic abnormal foetal and placental waste products, low serum calcium and high serum phosphorus levels and hypoparathyroidism are blamed for the disease.¹ Hebra in 1872 first described the disease in 5 pregnant women, 4 of whom died. Till today just a few over 100 cases have so far been reported.²

Case Report

A 36-year-old lady developed for the first time, burning and chilly sensation all over the body in the latter part of the 7th month of her 6th pregnancy. Three days later, she developed erythematous papules and pustules over the abdomen which spread in about 2 weeks time all over the body including the palms and soles. She had remittent fever and chills during this period. The whole body became erythematous. The skin including the palms and the soles started peeling off exposing a dusky red surface. The patient was given procaine penicillin, intravenous fluids and dexamethasone

phosphate 12 mg per day along with local soothing agents. By the 7th day, the lesions almost cleared up except a few lesions on the abdomen leaving behind branny scaling. She was then given a maintenance dose of corticosteroid as a few pustules kept on appearing. When she gave birth to a healthy full formed male baby 1½ month later, she was found to be free of skin lesions. Except for the ESR 95 mm, TLC 9200/cmm, polymorphs 75%, lymphocytes 22% and eosinophils 3%, other laboratory findings were unremarkable at the time of admission. Pus culture was sterile. Biopsy from the papulo-pustular lesion showed plenty of polymorphs with a few eosinophils and chronic inflammatory cell infiltration.

Comments

Impetigo herpetiformis occurs in pregnant women most commonly during the last trimester in the first attack and recurs earlier in the successive pregnancies. Since the maternal and foetal prognosis is poor in untreated cases, timely appropriate treatment and obstetrical intervention may be life-saving.

References

1. Moynihan GD and Ruppe JP : Impetigo herpetiformis and hypoparathyroidism, Arch Dermatol, 1985; 121 : 1330-1331.
2. Scoggins RB : Impetigo herpetiformis, in : Dermatology in General Medicine, Editors, Fitzpatrick TB, Arndt KA, Clark WH et al: McGraw-Hill Book Company, New York, 1971; p 1643-1644.

From the Department of Dermatology, Regional Medical College, Imphal (Manipur), India.

Address correspondence to : Dr. G. Zamzachin, Qrt 4/1, Colony, New Checkon, Imphal, Manipur.