

INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

## A NEW CASE OF AMICROBIAL PUSTULOSIS OF THE FOLDS WITH GOOD RESPONSE TO DAPSONE

Nuno Miguel Preto Gomes (1) - Miguel Costa-silva (1) - Mariana Esteves (1) - Ana Marques (2) - Joana Pardal (2) - Sofia Magina (1) - Filomena Azevedo (1)

Centro Hospitalar São João, Epe, Porto, Dermatology And Venereology, Porto, Portugal <sup>(1)</sup> -Centro Hospitalar São João, Epe, Porto, Department Of Anatomic Pathology, Porto, Portugal <sup>(2)</sup>

Background: Amicrobial Pustulosis of the Folds (APF) is a recurrent neutrophilic dermatosis clinically characterized by erythematous pustules that predominantly affect the scalp and the skin folds.

Observation: We present a 47-year-old woman with exuberant exudative plaques with crusty surface scattered in the scalp for 5 months, and multiple pustules over the trunk, genital area and thighs for 2 weeks. She had mild leukocytosis and C-reactive protein of 49 mg/L; the autoimmune study revealed only an antinuclear factor of 1/100 with mottled pattern. Cutaneous biopsy showed acanthosis, subcorneal pustular exocytosis with neutrophils and superficial dermis with abundant polymorphic infiltrate; direct immunofluorescence was negative. She was medicated with prednisolone 20 milligrams per day (mg/d) and colchicine but lesions promptly recurred. She then started dapsone 50 mg/d and increased prednisolone to 30 milligrams. Two weeks later, dapsone was increased to 100 mg/d and prednisolone was tappered over the next 2 weeks. Patient remains under dapsone 100 milligrams monotherapy, with no new lesions at nine months of follow-up.

To the best of our knowledge, about 68 cases of APF have been reported so far. It is considered a rare and recurrent disease that usually has an acute onset, affecting mainly middle-age women and frequently associated with autoimmune abnormalities. Diagnostic criteria were proposed in 2008 and APF remains a diagnosis of exclusion. The treatment is not well defined and a myriad of drugs have been proposed. Systemic corticosteroids are used with good results in most cases, but caution is advised. In recent years, dapsone has been increasingly used to treat APF.

Key message: Over 25 years since its first description, APF clinical reports grow, increasing the focus on the clinical, pathophysiology and treatment of this disease, in which dapsone might have a relevant role.





