INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

ERYTHRODERMA: A PROSPECTIVE STUDY WITH 305 PATIENTS FROM BRAZIL

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Introduction: Erythroderma is potentially life-threatening, and diagnosis of the underlying disease is a challenge. Despite histologic, immunophenotypic, and molecular analysis improvements, many cases remain idiopathic.

Objective: To analyze clinical and laboratory findings of 305 erythrodermic patients to find clues to the etiologic diagnosis.

Materials and Methods: We performed a prospective study at University of São Paulo Medical School, from 2007 to 2018, in patients with acquired erythroderma. Clinical, laboratory, histology, and molecular biology data were collected.

Results: Median age at diagnosis was 55,5 years, with male:female ratio of 2,2:1 (210 men, 95 women). Eczema was the most frequent etiology (20,1%), followed by psoriasis (17,1%), Sézary syndrome (12,8%), drug eruption (11,8%), atopic dermatitis (8,6%), and mycosis fungoides (5,6%). Other diagnoses (6,2%) included pemphigus foliaceus, adult T-cell leukemia/lymphoma, lichen planus, pityriasis rubra pilaris, paraneoplastic erythroderma, and HIV-associated erythroderma. In 54 patients (17,8%), it was not possible to elucidate erythroderma etiology. Atopic dermatitis developed erythroderma in earlier age (median 26,9 years; p=0,0001). Acute onset was associated with drug reactions and atopic dermatitis (mean time from erythroderma to diagnosis of 1 month; p=0,0001). Higher immunoglobulin E levels were observed in atopic dermatitis (median 25.000U/L; p=0,0001); no other clinical or laboratory finding was associated with a specific etiology. Histopathology was consistent with the final diagnosis in 72,1%. Monoclonal T-cell proliferation in skin was observed in mycosis fungoides (35,3%) and Sézary syndrome (56,1%). At the last assessment, 211 patients (69,6%) were alive with disease, 65 (21,4%) were alive without disease, and 27 (8,9%) died with active disease.

Conclusions: Erythroderma is a challenging syndrome with difficult diagnostic approach and reserved prognosis. Younger age and higher immunoglobulin E levels are associated with atopic dermatitis; acute onset is observed in drug eruptions and atopic dermatitis. Histopathology and molecular biology tests are important tools in the investigation of

erythroderma.