ABSTRACT BOOK ABSTRACTS



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INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

ERYTHRODERMA, AS A MANIFESTATION OF CUTANEOUS AND SYSTEMIC DISEASES!

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Introduction: Erythroderma, or generalised exfoliative dermatitis, is a rare inflammatory disorder characterised by generalised erythema, involving more than 90% of body surface area accompanied by a variable degree of scaling. Erythroderma can be a primary condition, when the cause is unknown, or a secondary condition caused by known diseases.

Objective: This retrospective study aims to determine characteristics of erythroderma as a marker of cutaneous and systemic diseases and to identify the underlying causes of this condition.

Materials and methods: We included hospitalised patients diagnosed with erythroderma at Dermatology and Venereology Service during January 2012 - July 2017. Epidemiological, clinical, laboratory, histological data of these patients were electronically compiled and analysed with SPSS.

Results: During the 6-year period, 116 cases were diagnosed with erythroderma. 43.1% were females and 56.9% were males. The average age of onset was 55.1 years. A variable hospitalisation period was observed, from 1 to 49 days. 11.2% of cases indicate previous episodes of erythroderma. 29.3% of cases, appear as emergencies. The most common cause of erythroderma was exacerbation of pre-existing dermatoses such as psoriasis (53.4%), eczema (3.4%) and dermatitis (10.3%). Drug hypersensitivity reactions were evidenced in 4.3% of cases. In 16.4% of cases, the cause of erythroderma was undetermined. Our study has a high percentage of secondary erythroderma to a pre-existing cutaneous pathology, where psoriasis was the predominant etiology in 53.4% of cases and a low percentage of primary erythroderma.

Conclusions: Erythroderma can be a manifestation of systemic and cutaneous diseases and mostly erythrodermic psoriasis. Often it can present as a medical emergency that could threaten the patient's life. In some cases it masks the primary pathology lesions, making it difficult to establish the correct diagnosis of the underlying aetiology. However, biopsy in most cases provides a positive correlation between clinical findings and anatomopathological diagnosis.





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