



PSORIASIS

GENERALIZED PUSTULAR PSORIASIS INDUCED BY TERBINAFINE

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Background: Terbinafine is an orally active synthetic allylamine compound antifungal agent commonly prescribed for dermatophyte infections of the skin and nails. Pustular eruptions due to terbinafine such as acute generalized exanthematous pustulosis and generalized pustular psoriasis are the rarest cutaneous side effects.

Observation: A 57-year-old woman was referred to our department for culture positive trichophyton rubrum onychomycosis. There was no personal or family history of psoriasis. Her liver enzymes were normal and the patient was put under oral terbinafine 250mg/day. Twenty days later, she was referred again to our department for a generalized pustular eruption. She had generalized erythroderma with micropustular eruption. On admission, she had fever 39° associated to myalgia and arthralgia. Cutaneous examination revealed a generalized erythroderma sparing her central face and multiple tiny pustules on her neck, trunk and extremities. There were no mucosal lesions. Her white cell count was 22500/mm³ with marked neutrophilia. Cultures for bacteria and fungi from the pustules didn't reveal any organism. A skin biopsy was performed revealing psoriasiform acanthosis and subcorneal spongiform pustules filled with neutrophils with sparse exocytosis of eosinophils consistent with the diagnosis of generalized pustular psoriasis. The likelihood of terbinafine as the incriminating agent was highly suggestive. Terbinafine was then stopped. The patient was treated with acitretin 50 mg/day for 15 days then reduced to 25mg/day with a complete resolution of her skin eruption after 45 days. The patient remained in remission during a 6 month follow-up.

Key message: In front of an acute pustular eruption, a careful medical history and drug intake should be obtained. Physicians should be aware of this possible adverse drug reaction of oral terbinafine in order to stop the treatment early when necessary.

