



PSORIASIS

MANAGEMENT OF PUSTULAR PSORIASIS DURING PREGNANCY: IS THE USE OF CYCLOSPORINE A REAL SOLUTION?

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Background: General pustular psoriasis of pregnancy (GPPP), is a rare skin condition affecting women usually in the third trimester of pregnancy with potential serious consequences for both the mother and fetus. Although many treatment options have been proposed for GPPP, there are no specific guidelines. Herein, we report 3 cases of GPPP collated out of a series of 35 patients in a monocentric retrospective study over 10 years (2008-2017) concerning pustular psoriasis.

Observations: Three women aged respectively 37, 26 and 32 year-old with a history of generalized pustular psoriasis for over ten years, were treated successfully with acitretin before their marriage. The three of them presented a severe relapse during pregnancy in the third trimester for two patients and at 13 weeks of gestation for the third woman. The physical examination revealed in all cases a widespread erythematous and pustular eruption all over the body sparing the face, palms and soles. Hence, our patients were treated by cyclosporine 100 mg/d and topical betamethasone with a favorable outcome. The obstetrical follow-up was normal and the two first patients gave birth at term to a healthy baby. However, the third patient gave birth to a premature new-born at 32 weeks of gestation who died few days after birth due to septic shock.

Key message: Management of GPPP is really challenging and should be multidisciplinary with a close collaboration between dermatologists and obstetricians. Cyclosporine seems to be an effective therapeutic alternative. It may cause premature delivery or intrauterine growth restriction if administered during the second trimester but is relatively safe in the third trimester.

