SKIN MANIFESTATIONS OF INTERNAL DISEASE

AMICROBIAL PUSTULOSIS OF THE FOLDS ASSOCIATED WITH AUTOIMMUNE HEPATITIS

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Background: The patient is a 22-year-old female with a history of autoimmune hepatitis(AH) diagnosed at the age of 12, and who was on azathioprine 100mg/day and prednisone 60mg/day.While admitted in a GI ward,the patient presented a disseminated dermatosis on her trunk and extremities.The worst lesions involved the submammary and gluteal folds and were characterized by erythematous plaques that showed an annular configuration with a desquamating collarette in some areas.The plaques on the gluteal region coalesced to form a large erythematous layer with small flaccid pustules that left areas of denuded skin.The examination of the mucosa revealed an oral thrush.

Observation: The patient reported that the dermatosis had started on the gluteal region one month earlier,following the tapering of the prednisone she was on because of her AH,as she had gone from 60 to 20mg/day.No history of fever or administration of any drugs.
The initial presumptive diagnoses at the department of dermatology were Sneddon-Wilkinson's disease and pustular psoriasis.The microbiology tests ordered to rule out an infectious cause for the pustules were negative both for fungi and bacteria. The hematoxylin-eosin stained skin biopsy was reported as intraepidermal pustules with scarce spongiosis.The relevant results of the rest of the work-up included: ANA 1/1280, Anti-DNA Antibodies:1332 U/mL;anti-smooth muscle antibodies: positive 1/20.
Based on the clinical picture and the criteria developed by Marzano et al.,the final diagnosis was amicrobial pustulosis of the folds(APF).
She was started on systemic corticosteroids and had a torpid course from March to August 2017.Since she was transplanted in August 2017,the patient has been asymptomatic,with no lesions.She is currently on prednisone(7.5mg/day), mofetil mycophenolate (1gr/12 hours) and tacrolimus (2.5mg/12 hours).

Key Message: The case is presented because of its rarity,since there is only one case of AH-associated APF reported in literature; just as in our patient, the condition yielded after liver transplant.