INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

ERYTHRODERMA: DIAGNOSING AND TREATING THE "RED MAN"

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Erythroderma represents severe dermatitis that is characterized by diffuse erythema, usually with scaling and covering at least 90% of the body area. Erythroderma is not a diagnosis in itself but rather a constellation of findings with redness and scaling predominating. Such red skin may be due to psoriasis or atopic dermatitis, but more commonly to a drug eruption or photodermatitis. Less frequently, the underlying diagnosis may be ichthyosis, lymphomas, or paraneoplastic diseases. Its pathogenesis is unclear but may be attributed to an interaction of cytokines, chemokines, and intercellular adhesion molecules. A search for the underlying cause is useful not only in determining an appropriate therapeutic approach but in eliminating the triggering factors. To illustrate this, systemic corticosteroids will be appropriate when a drug reaction is the cause, but these agents may flare psoriasis. While most patients eventually recover without sequelae, when the underlying cause is Sézary syndrome or a paraneoplastic disease, the prognosis is poor.