INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

IMPETIGO HERPETIFORMIS DURING EARLY PREGNANCY: CASE REPORT

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Background: Impetigo herpetiformis (IH) or pustular psoriasis of pregnancy is a rare disease, considered as a form of generalized pustular psoriasis. Typically occurs during the third trimester of pregnancy. Its etiology remains unclear. Genetic factors may influence its development. The clue for diagnosis is the presence of erythematous patches and grouped sterile pustules, primarily on flexural areas. Trunk and extremities are commonly affected, sparing face, hands, and feet. Pruritus is usually absent. Its course may present systemic association, such as fever, chills, diarrhea, dehydration, arthralgias, tachycardia and seizures. Hypoparathyroidism, hypocalcemia and low levels of vitamin D might be encountered. There is a possibility of recurrence in the following pregnancies. IH causes a high incidence of stillbirths and fetal abnormality. Treatment of IH is challenging.

Observation: 30-year-old-female, at 18-weeks of pregnancy, presenting with painful and pruriginous skin lesions worsening since the beginning of pregnancy. As personal history, reported prior diagnosis of psoriasis at 2 months of age. She was in her third gestation and mentioned similar condition during the last two pregnancies with worsening of the clinical picture. At examination, there were several erythematous plaques with scales and some grouped pustules above, in an annular configuration on trunk and limbs, sparing face and palmoplantar regions. Laboratory findings were almost normal, excluding the decreasing of vitamin D level. Therefore, a biopsy was performed and subcorneal pustular dermatosis with neutrophils was found, suggesting IH. Based on the clinical lesions plus pathological findings, the diagnosis was elucidated and treatment with topical corticosteroid started. The patient evolved with good improvement, without any complication for the baby.

Key message: The main interest of this case is if cutaneous lesion of IH during early pregnancy, absence of systemic symptoms and previous history of psoriasis could be considered a minor manifestation of IH with better prognosis.