

## A case of pustular psoriasis of pregnancy

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**Abstract:** Impetigo herpeticiformis is a rare dermatosis of pregnancy with typical onset during the last trimester of pregnancy and rapid resolution in the postpartum period. Clinically and histologically, it is consistent with pustular psoriasis. This similarity has led some authors to name the disease "the pustular psoriasis of pregnancy".

**Keywords:** Case reports, Impetigo herpeticiformis, Pregnancy, Psoriasis

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### I. Introduction

Impetigo herpeticiformis (IH) was first described by von Hebra, with a report of five pregnant women with pustular grouped lesions, all of which evolved into fetal deaths, in addition to four maternal deaths. Impetigo herpeticiformis is a rare gestational dermatosis with typical onset in the last trimester of pregnancy and rapid resolution in the postpartum period. It is clinically and histologically consistent with pustular psoriasis. Hence named as "pustular psoriasis of pregnancy". The maternal-fetal prognosis is uneven. Maternal deaths are rare but there are risks of stillbirth.

### II. Case report

23 yrs old, primigravida, booked and immunized & with regular antenatal check-up. At 28 weeks of gestation, she came with complaints of itching and erythematous scaly plaques with some pustules over the extensors in the upper extremities for 2 weeks duration. No H/o fever and no other specific complaints. There was no past and family history of psoriasis. General examination - GC fair, afebrile, no pallor, no pedal edema, erythematous scaly plaques with some pustules over the extensors in the upper extremities, no discharge from the pustules, no other skin lesions in the body. Vitals: T-98.6 F, PR-92/min, BP-110/80mmHg. Systemic Examination: CVS, RS - Clinically normal. P/A - uterus 28 wks size, fetal parts palpable. Consulted dermatologist, clinically diagnosed as pustular psoriasis and biopsy confirmed the same and treated symptomatically (liquid paraffin L/A & anti-histaminics). Blood investigations done showed WBC-16,200 cells/cumm, ESR-40mm/hr & DC-N-85%. TFT-WNL, Blood sugars-WNL. Sr. Calcium -9.2 mg/dl. NT, anomaly scan, interval growth scan - normal. At GA 37 weeks 2 days she delivered a boy baby vaginally, cried immediately after birth, weighing 3.1kg, no external congenital anomalies. During the follow up of the mother the lesions subsided gradually in the postpartum period after 3 months.

### III. Discussion

In "pustular psoriasis of pregnancy" (PPG), the pustules are sterile and do not present viral etiology. Psoriasis is a chronic disease with a worldwide prevalence of 1-3%. PPG criteria: absence of personal and medical history of psoriasis, self-limited disease development, clearing spontaneously after delivery, and recurrence in subsequent pregnancies.

### IV. Conclusion

Although lesions tend to disappear after delivery, there is a risk of recurrence in subsequent pregnancies presenting earlier, with greater severity and worse maternal-fetal prognosis. This should be made clear to the patient regarding any future reproductive decisions. The current use of steroid and antibiotic therapy has dramatically reduced maternal deaths. However, the risk of stillbirth and perinatal mortality remains high, due to placental insufficiency, premature rupture of membranes, preterm labor and intrauterine growth

restriction. Dermatologists and obstetricians must work together to improve the quality of life of the mother and of course, contribute to a favorable outcome for the fetus.

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