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Palmoplantar Pustular Psoriasis: A New Clinical Case in an Elderly Patient

Mildred Dorta Tuesday[1]*, Bocaney G[1], Torres A[1] and Vivas Toro S[2]

[1]Third year Resident of the Dermatology Postgraduate Program, University of Carabobo. Dr. Enrique Tejera Hospital City. Valencia, Venezuela

[2]Internist-Dermatologist. Head of the Dermatology Service at the Dr. Enrique Tejera Hospital City, Professor at the School of Medicine and Coordinator of the Postgraduate Course in Dermatology at the University of Carabobo. Valencia, Venezuela

ABSTRACT

Psoriasis is a systemic inflammatory disease of immunogenetic origin, the palmoplantar pustular variant, most frequently in middle-aged women. It presents with small sterile pustules on an erythematous base on the palms of the hands and soles of the feet. These pustules do not rupture, but they acquire a dark brown color and evolve into scales that are sometimes very painful. Treatment is based on systemic and topical therapies such as topical glucocorticoids in occlusive treatment, methotrexate, psoralens, phototherapy, retinoids, colchicine, cyclosporine, and calcipotriol. Biological treatments such as etanercept have been used in recalcitrant cases. The European Commission has granted a conditional marketing authorization for SPEVIGO® (Espesolimab) monoclonal antibody as a first-in-class treatment option for pustular psoriasis flares as it blocks the activation of the interleukin-36 receptor (IL-36R). The case of a 75-year-old female patient from the state of Carabobo is presented, who started her current illness in June 2023, skin phototype IV/VI, dermatosis located on the palms characterized by erythematous violaceous plaques, hyperkeratotic with regular edges, well-defined scales on the surface. surface, with pustules, areas of Ex ulceration and fissures, painful, pruritic, causing functional limitation, of weeks of evolution, paraclinical, histopathological and imaging studies are indicated and in view of their findings, a diagnosis of palmoplantar pustular psoriasis is proposed and establishes a therapeutic plan based on methotrexate 15 mg/week, occlusive topical corticosteroids and emollient, showing satisfactory improvement 8 weeks after starting treatment.

***Corresponding author**

Mildred Dorta Tuesday, Third year Resident of the Dermatology Postgraduate Program, University of Carabobo. Dr. Enrique Tejera Hospital City. Valencia, Venezuela.

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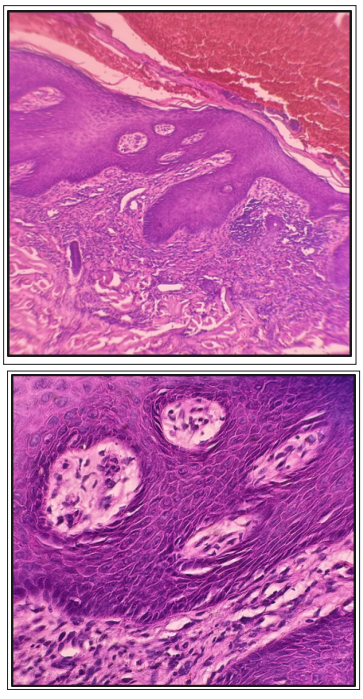
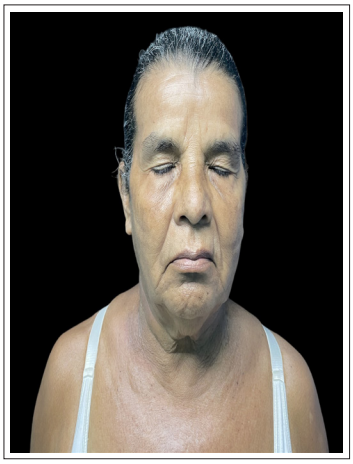
Clinical Case

This is a 75-year-old female patient who has a history of controlled arterial hypertension, a non- contributory family history, who began her current illness in June 2023 when she presented hives, pain and burning in her hands, for which she went to the dermatology service of the Dr. Enrique Tejera Hospital City where the physical examination showed her phototype. cutaneous IV / VI according to the Fitzpatrick scale dermatosis located in palms characterized by erythematous-violaceous , hyperkeratotic plaques with regular edges, well-defined scales on their surface, with pustules, areas of exulceration and fissures, painful, itchy, causing functional limitation, of weeks of evolution, at the nail level pittins, leukonychia , and longitudinal striae are evident , in the dermatoscopy regularly distributed punctate vessels are observed with white and yellow blood cells (corresponding to sterile pustules) on an erythematous background, fissured areas, a PASI 15 is obtained, a work plan is proposed with paraclinicals where elevated PCR and ESR are reported, imaging studies where no osteolytic alterations are evident and histopathological study where parakeratotic hyperkeratosis , papillomatosis, moderate lymphocytic infiltrate and pustule are observed Kojog spongiform psoriasis, which is why a definitive diagnosis of palmoplantar pustular psoriasis is established and a therapeutic plan is established based on methotrexate 15 mg/week, occlusive topical corticosteroids, zinc oxide and emollient, showing satisfactory improvement in 8 weeks after the start of treatment, obtaining a PASI 0.

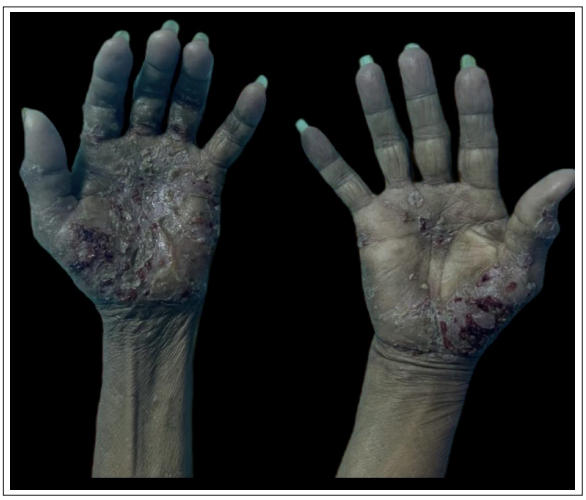


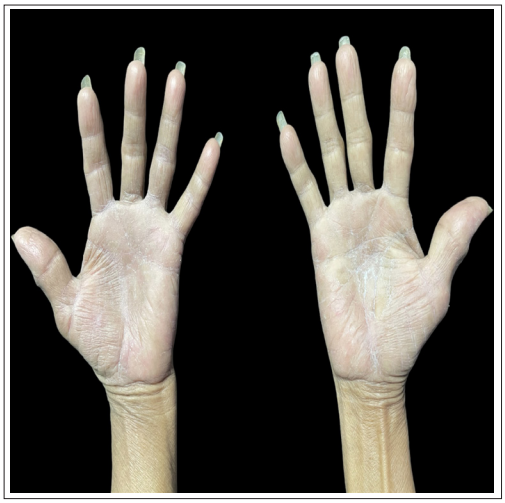
Discussion

Psoriasis is an inflammatory, systemic disease of immunogenetic origin. The palmoplantar pustular psoriasis variant occurs most frequently in women aged 40-60 years. It presents with small sterile pustules on an erythematous base on the palms of the hands and soles of the feet. These pustules do not break, but acquire a dark brown color and evolve into scales that are sometimes very painful. Generally, there is symmetrical involvement and joint involvement of palms and soles, but occasionally the rash occurs unilaterally. The interleukin most closely related to PPP is IL-36, which stimulates the proinflammatory cascade as well as cells such as neutrophils, which makes this variant characteristic.



Treatment is based on topical therapies such as topical glucocorticoids in occlusive dressing, vitamin analogues d, Immunosuppressants such as methotrexate, cyclosporine, psoralens, phototherapy, in recalcitrant cases, biological treatments such as etanercept, infliximab, Ustekinumab, adalimumab have been used. The European Commission has granted a conditional marketing authorization for (Espesolimab) as a first-in-class treatment option for pustular psoriasis flares. It is a new selective antibody that blocks the activation of the interleukin-36 receptor (IL-36R), an immune system signaling pathway involved in the pathogenesis of this variant specifically [1-7].





Conclusion

In conclusion, given that this is a rare variant, and even more so a new case in this age group, which showed an excellent response to immunosuppressants such as methotrexate, a drug that is easily accessible in our country, reinforcing the validity of their use in combination with topical therapy in this variant of psoriasis.

Conflicts of Interest

No conflicts of interest reported.

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