**Subcorneal Pustular Dermatosis**

**Patient:** A 57-year-old woman

**Duration:** Over ten years

**Distribution:** Widespread sparing face, palms, soles and mucous membranes

**History:** Recurrent itchy lesions over body, responsive to steroids

**Physical Exam:**
- Areas of erythema studded with discrete and grouped vesicles, crusted papules and pustules.
- Brown, macular post-inflammatory hyperpigmentation.

**Histopathology:** Subcorneal pustule formation with an underlying floor in which spongiosis and exocytosis of neutrophils is seen and associated with a perivascular and interstitial predominantly neutrophilic inflammatory cell infiltrate in the upper dermis.

**Discussion:**
- Subcorneal pustular dermatosis (SPD) is a rare, chronic, recurrent, pustular eruption affecting more commonly women. It can occur at any age (more commonly after 40 years).
- Subset shows intraepidermal IgA deposits targeting desmocollins I & II (intraepidermal IgA pustulosis).
- Association: Most commonly, IgA monoclonal gammopathy, also IgA multiple myeloma, pyoderma gangrenosum, among others.
- Clinically: Nonfollicular pustules that coalesce forming annular or serpiginous pattern, symmetrical - spares face, scalp and mucous membranes.
- Differential diagnosis: impetigo contagiosa, dermatitis herpetiformis, pemphigus foliaceous, acute generalized pustulosis.
- Treatment: Sulfones, sulfapyridine, etretinate, PUVA, colchicine, steroids.

**References:**