

Sneddon-Wilkinson Disease (SPD) vs Hydroxychloroquine-Induced Acute Generalised Exanthematous Pustulosis (AGEP) in Rheumatoid Arthritis Patient

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Background

Sneddon-Wilkinson disease, also known as subcorneal pustular dermatosis (SPD), is a rare chronic skin disorder characterized by recurrent crops of sterile pustules arranged in a characteristic arcuate or annular pattern. We report a case of SPD primarily defined hydroxychloroquine-induced AGEP.

Case History

A 68-year-old woman with a history of hypertension and a recent diagnosis of rheumatoid arthritis in treatment with prednisone 5 mg/bid and hydroxychloroquine 200 mg/bid, was admitted at our hospital for a generalized erythema, a pruritic pustular eruption and a burning sensation all over her body, developed after starting treatment with hydroxychloroquine and two weeks

before the hospital admission it was interrupted. Biopsy was performed, and histological examination demonstrated lesions compatible with AGEP induced by hydroxychloroquine. The patient started topical and systemic corticosteroids. Nevertheless, during the hospitalisation another biopsy was practised due to the poor symptomatic improvement. New histopathology shows superficial perivascular infiltrate of neutrophils and lymphocytes. This presentation led to a diagnosis of SPD. The patient started acitretin bd with improvement of lesions.

Discussion

SPD has been considered a subtype of psoriasis and pemphigus vulgaris. It is necessary in patients with autoimmune diseases a correct diagnosis for an appropriate treatment.

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