Erythroderma and Annular Pustular Plaques

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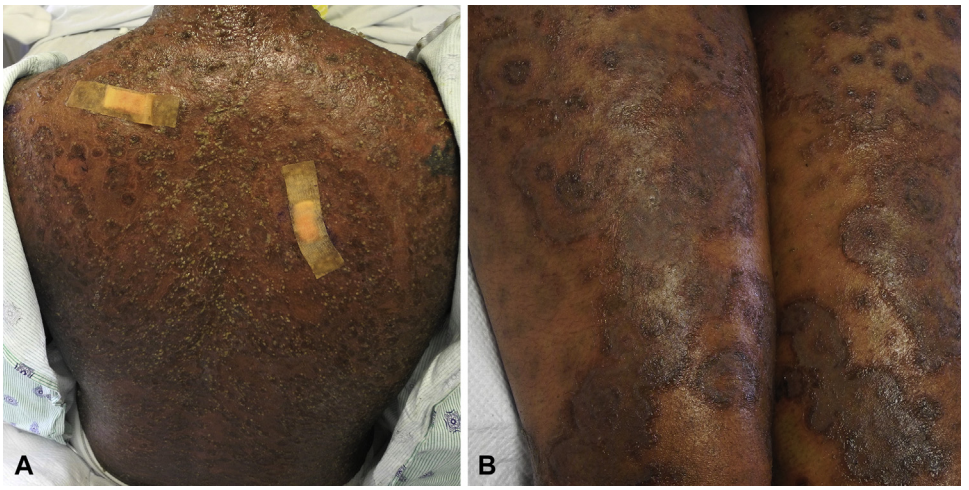

Fig 1. By Arturo Dominguez, MD; Whitney Gao, MD; and Roselynn Nguyen, MD

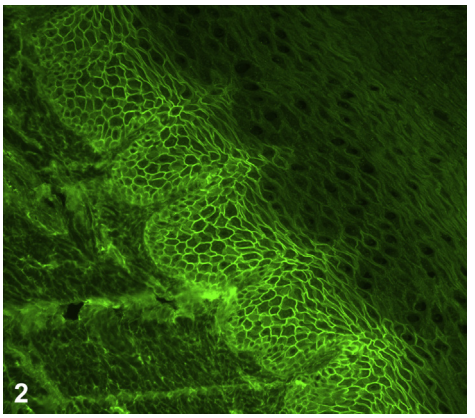

Fig 2. By Arturo Dominguez, MD; Whitney Gao, MD; and Roselynn Nguyen, MD

CASE PRESENTATION

A 29-year-old woman presented with fever and worsening chronic painful rash with new pustules on her back. She was previously treated with antibiotics, antifungals, and systemic steroids with minimal improvement. The patient was ill-appearing, febrile, and tachycardic. Skin examination was significant for erythroderma with non-follicular-based pustules coalescing into annular plaques with "sunflower-like" configuration on her back, chest, and legs (Fig 1*A/B*). Labs were significant for leukocytosis with neutrophilic predominance. Bacterial

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culture swabs taken prior to initiation of antibiotics were negative. Biopsies of lesional and perilesional skin were submitted for histopathological exam and direct immunofluorescence (DIF) (Fig 2). Serum was submitted for detection of autoantibodies by indirect immunofluorescence microscopy (IIF) (Fig 2) and enzyme-linked immunosorbent assay (ELISA).

What is the most likely diagnosis?

A. Sneddon-Wilkinson disease
B. Tinea corporis
C. Pemphigus foliaceous (PF)
D. Generalized pustular psoriasis
E. IgA pemphigus

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Conflicts of interest

The authors have no conflicts of interest to declare.