Guttate psoriasis

What is guttate psoriasis?

Guttate psoriasis is a distinctive acute skin condition characterised by small drop-like, salmon-pink papules which usually have a fine scale. This variant primarily occurs on the trunk and the proximal extremities but it may have a more generalised distribution. A history of an upper respiratory infection secondary to group A beta haemolytic streptococci often precedes the eruption by 2-3 weeks. Guttate psoriasis may be chronic and unrelated to streptococcal infection.

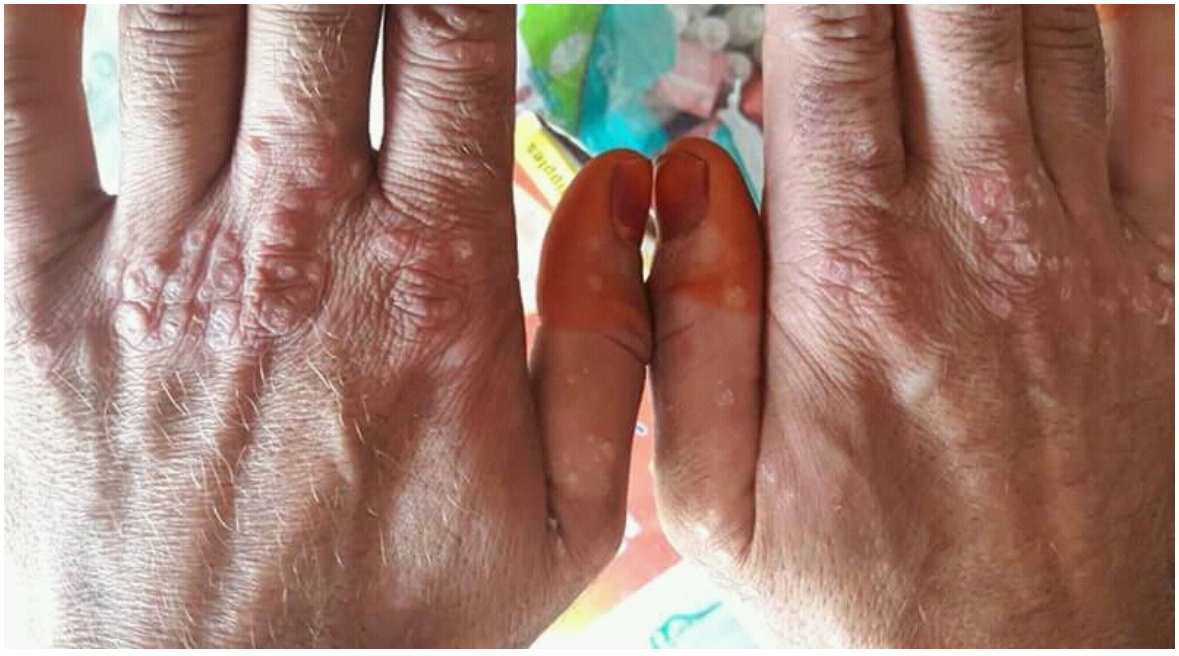
Guttate psoriasis epidemiology

- It is more common in individuals younger than 30 years [1] .
- Genetic predisposition: guttate psoriasis has been linked with HLA-BW17, HLA-B13, HLA-CW6 [2] [3] .
- It is most often associated with streptococcal infection - two thirds have evidence of a recent strep throat infection - but may also be associated with stress, trauma (Köbner's phenomenon) or drugs - eg, antimalarials, lithium, non-steroidal anti-inflammatory drugs, beta-blockers [4] .

Guttate psoriasis symptoms

- In most cases there is a history of an antecedent streptococcal infection, usually of the upper respiratory tract, such as pharyngitis or tonsillitis, 2-3 weeks prior to the eruption.
- There may be a positive family history of psoriasis.
- The onset of the skin lesions is often acute, with multiple papules erupting on the trunk and the proximal extremities.

- Lesions may sometimes spread to involve the face, the ears and the scalp.
- The palms and the soles are rarely affected.
- The rash is often associated with mild itching.
- Like other forms of psoriasis, guttate psoriasis tends to improve during the summer and worsen during the winter.
- Examination of the skin reveals characteristic lesions consisting of multiple, discrete drop-like salmon-pink papules. A fine scale may be seen on established lesions.



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- Nail changes characteristic of chronic psoriasis (eg, pits, ridges and the oil-drop sign) are usually absent.

Differential diagnosis

- Nummular dermatitis.
- Pityriasis rosea.
- Lichen planus.
- Drug eruption.
- Viral exanthem.

- Syphilis.
- Cutaneous T-cell lymphoma.
- Pityriasis lichenoides.

Investigations

- Diagnosis is clinical and biopsy is usually not required.
- Dermoscopy may be useful in differentiating guttate psoriasis from chronic pityriasis lichenoides [5] .
- Serology: levels of antibodies to streptolysin O (ASO) may be elevated.
- Cultures: bacterial culture of the throat or perianal area.

Guttate psoriasis treatment and management [6]

Treatment of acute guttate psoriasis is not based on trial evidence; rather, it is guided by expert opinion.

- Usually, the rash resolves within a few weeks to months without treatment for guttate psoriasis, so simple reassurance and emollients may therefore be sufficient.
- Clearance of guttate lesions can be accelerated by judicious exposure to sunlight or by a short course of narrow-band ultraviolet B (UVB) phototherapy, so consider early referral in those who do not respond to topical treatment [7] .
- Topical treatment with a vitamin D preparation, topical corticosteroid, or coal tar preparation can be considered but may be difficult due to the extent, size and wide distribution of lesions.
- Antibiotic treatment has often been given because of the association between guttate psoriasis and streptococcal infection. However a Cochrane review did not find convincing evidence of benefit and recommended further trials [8] .
- A prospective study reported that the use of tonsillectomy for patients with chronic guttate psoriasis may be beneficial [9] .

- Targeted therapy may result from research exploiting the role of the cytokine interleukin (IL)-17 in the pathogenesis of guttate and several other forms of psoriasis [10] .

Guttate psoriasis complications

Complications are largely iatrogenic:

- Steroid-induced cutaneous atrophy, telangiectasia, hypopigmentation.
- PUVA side-effects - eg, nausea and vomiting, photosensitivity.

Prognosis

- Guttate psoriasis often runs a self-limited course over several weeks to a few months with complete remission in about 60%. Other patients go on to develop chronic plaque-type psoriasis. Good prognosis is associated with younger age and high ASO titres, whilst poorer prognosis is associated with a family history of psoriasis [11] .
- Scarring is not a problem.
- Previously affected areas may show post-inflammatory hypopigmentation or hyperpigmentation.
- Recurrent episodes may occur, especially with pharyngeal carriage of streptococci.

Further reading

- The Psoriasis Association
- Guttate Psoriasis; DermIS (Dermatology Information System)
- Hwang YJ, Jung HJ, Kim MJ, et al; Serum levels of LL-37 and inflammatory cytokines in plaque and guttate psoriasis. Mediators Inflamm. 2014;2014:268257. doi: 10.1155/2014/268257. Epub 2014 Aug 14.

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