



Authoritative facts about the skin from the [New Zealand Dermatological Society Incorporated](#).

[Home](#) | [Scaly skin conditions](#)

Generalised pustular psoriasis

What is generalised pustular psoriasis?

Generalised pustular psoriasis is a rare form of [psoriasis](#), which presents as widespread pustules on a background of red and tender skin. Widespread patches may occur randomly on any part of the body. It is also known as acute generalised pustular psoriasis of von Zumbusch.

Another form of pustular psoriasis is localised pustular psoriasis, which appears on the hands or feet ([palmoplantar pustulosis](#)). This needs to be distinguished from a localised form of generalised pustular psoriasis.

What causes generalised pustular psoriasis?

In most patients no identifiable cause can be found i.e. the generalised pustular psoriasis is idiopathic.

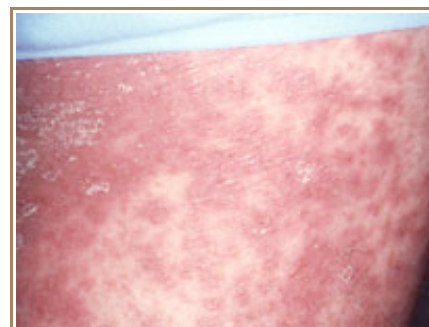
Some people with generalised pustular psoriasis have a preceding history of chronic plaque psoriasis (the common variety in which there are persistent red scaly patches). In many patients no identifiable cause can be found for the altered pattern of disease i.e. the generalised pustular psoriasis is idiopathic. But in some cases the following have been implicated as possible trigger factors:

- Sudden withdrawal of injected or oral [corticosteroids](#)
- Drugs such as lithium, salicylates, indomethacin, iodide and some beta-blockers
- Strong, irritating topical preparations such as [coal tar](#), [dithranol](#) and strong [topical corticosteroids](#) under occlusion
- Infection
- Pregnancy

What are the signs and symptoms?

Initially the skin becomes dry, fiery red and tender. The patient may also have a fever, chills, headache, rapid pulse rate, and loss of appetite, nausea and muscle weakness. Within hours 2–3 mm pustules filled with non-infected pus appear on parts of the body especially the flexures and genital areas. After a day they coalesce to form lakes of pus, which then dry and peel to leave behind a glazed, smooth surface on which new crops of pustules may appear. Successive crops of pustules may appear and erupt every few days or weeks.

Generalised pustular psoriasis



The sudden onset of this condition can be quite alarming. If the patient survives the acute phase and its complications, remission occurs within days or weeks and the psoriasis reverts to its previous state or [erythroderma](#) may develop. Relapses are common.

What treatment is available?

Generalised pustular psoriasis can be life threatening so hospitalisation is usually required. The aim is to prevent further fluid loss, stabilise body temperature and restore electrolyte imbalance. Characteristically, there is a low level of calcium in the blood (hypocalcaemia). Other changes on blood testing include low plasma albumin and zinc, high ESR (erythrocyte sedimentation rate), raised neutrophil count, reduced lymphocyte count and raised lactate levels.

Affected areas are treated with bland topical compresses. Antibiotics may be prescribed if infection has occurred. In severe cases or cases where recurrent outbreaks have exhausted the patient, systemic medications are used. These include:

- Oral retinoid such as [acitretin](#), derived from vitamin A
- Sometimes it is necessary to restart corticosteroids, usually temporarily
- Other medications such as [methotrexate](#), [colchicine](#), [ciclosporin](#), [tioguanine](#) and [hydroxyurea](#) have been used with some success.
- [Phototherapy](#) (ultraviolet radiation), especially in combination with oral psoralens ([PUVA](#)). This is usually started once the patient has been stabilised on acitretin.

What are the complications?

Death can result from cardiorespiratory failure during the acute eruptive phase so it is very important to treat as early as possible. Elderly patients are at greatest risk. Other complications include:

- Secondary bacterial infection
- Disturbed protein and electrolyte balance, especially low albumin and calcium
- Renal and liver impairment
- Malabsorption of nutrients and therapeutic drugs
- [Inflammatory arthritis](#)

Related information

References:

Book: Textbook of Dermatology. Ed Rook A, Wilkinson DS, Ebling FJB, Champion RH, Burton JL. Fourth edition. Blackwell Scientific Publications.

On DermNet NZ:

- [Psoriasis](#)
- [Palmoplantar pustulosis](#)
- [Subcorneal pustular dermatosis](#)

Other websites:

- [Psoriasis, Pustular](#) - emedicine dermatology, the online textbook
- [Pustular Psoriasis](#) - emedicine consumer health
- [Pustular psoriasis](#) - National Psoriasis Foundation (US)

Books:

See the [DermNet NZ bookstore](#)

Author: Vanessa Ngan, staff writer

DermNet does not provide an on-line consultation service.
If you have any concerns with your skin or its treatment, see a [dermatologist](#) for advice.

Created 2003. Last updated 26 Dec 2006. © 2008 NZDS. Disclaimer.