



## Impetigo Herpetiformis Persisting in the Lactation Period

### KEYWORDS

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#### Introduction:

Impetigo Herpetiformis is a rare form of pustular psoriasis occurring during pregnancy. The onset is usually in the third trimester and persists until delivery. Disease may have an impact on fetal outcome due to placental insufficiency causing fetal abnormalities or stillbirth<sup>1</sup>. Recurrences are common during subsequent pregnancies. The disease is characterized by extensive pustular eruptions on areas of inflamed skin particularly in flexural regions. Constitutional symptoms include fever, delirium, vomiting, diarrhea, and tetany due to hypocalcaemia. The etiology is unknown. Although some authors have suggested that IH is actually pustular psoriasis occurring during pregnancy, it has also been reported in male patients, in woman who underwent thyroidectomy and in woman with hypocalcaemia.

#### Case report:

A 35yrs female with 34 weeks pregnancy presented with itchy, erythematous, tender, annular lesions with surrounding pustules on thighs and legs since two months. She had similar lesions in previous pregnancy, which subsided after delivery. Routine investigations were within normal limits. Histological findings were suggestive of Impetigo Herpetiformis.

The patient was treated with systemic steroids T. Prednisolone 40 mg /day, to which she responded considerably. There was total remission of lesions at the time of delivery. However the patient presented with new lesions at 3 months, increasing in size and number. She was again investigated for routine tests that were within normal limits. This time she was put on oral methotrexate to which she responded very well. Few cases have been reported with lesions of Impetigo Herpetiformis appearing in the post partum period. Treatment with methotrexate has been useful in such cases.

#### Discussion:

Impetigo Herpetiformis occurs during pregnancy in the third trimester. It is potentially serious and aggressive treatment is usually required. Early detection of the disorder is essential to prevent perinatal complications. The lesions reappear during subsequent pregnancies. They subside at delivery. The treatment of choice is systemic steroids. Cyclosporine has been used with considerable success. Etretinate and methotrexate are drugs of choice in pustular psoriasis, but should be avoided in pregnancy due to their embryotoxic side effects<sup>2</sup>. Fluid and electrolyte balance should be maintained.

Our patient had similar episode during her first pregnancy which subsided completely after delivery. However she continued to develop new lesions even during lactation. Treatment with methotrexate was beneficial this time. Very few cases report with lesions during post partum and during lactation<sup>3</sup>. A case of impetigo herpetiformis lasting for 7 years after pregnancy with exacerbation during premenstrual period has been reported<sup>4</sup>. There have been some case reports of IH in nonpregnant females and men also<sup>5</sup>.

#### REFERENCE

- 1.MM Kura, AU Surjush: Generalized pustular psoriasis of pregnancy treated with oral cyclosporin, I.J.D.V.L., volume: 72,year: 2006, issue: 6, page: 458-459 | 2) Ekuma N. EkumaNkama,MB, FRCOG,FICS;Vibha K. Garg MB,FRCOG,Mohammad AL Khars,MD, FRCP. Impetigo Herpetiformis an Obstetric concern,Annals of Saudi Medicine,Vol 18, No. 6,1998,537-38. | 3) KS Lim,MBY Tang, PPL Ng: Impetigo Herpetiformis: A Rare Dermatoses of pregnancy associated with Prenatal Complications. Ann Acad Med Singapore,2005;34:565-8. | 4) Chaidemenos G1, Lefaki I, Tsakiri A, Mourellou O. Impetigo herpetiformis: menstrual exacerbations for 7 years postpartum. J Eur Acad Dermatol Venereol. 2005 Jul; 19(4):466-9. | 5) Teoman Erdem, Ali Karakuzu, Muammer Parlak, Necmatin Akdeniz: Nongestational Impetigo Herpiformis: Tr. J. Of Medical Sciences: 29(1999), 597-9. |