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7. Acute Generalized Exanthematous Pustulosis Induced by Photochemotherapy

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Introduction: Acute generalised exanthematous pustulosis (AGEP) is a rare pustular exathem that is most commonly drug induced. It is characterised clinically by fever, pruritus and acute pustular eruption.

We present the case of a patient who experienced an AGEP due to PUVA therapy and we discuss through this observation the role of psoralen and UVA in the genesis of such eruption.

Observation: A 16-year-old boy with a history of psoriasis since the first months of life (napkin psoriasis). He was treated locally with dermocorticoids and emollients. He presented a psoriasis vulgaris later with erythemato-squamous plaques of the elbows, legs and trunk treated locally and often improved. At 15 years old, he showed a generalisation of his psoriasis (>40% of corporeal surface) so a PUVA therapy was indicated which consisted on ingestion of a psoralen (5-methoxypsoralen) 2 hours before exposition to ascendant energy of UVA. After 10 expositions, we have noted a pustular eruption with erythroderma and febrile condition that obliged stopping PUVA therapy with a favourable evolution after 2 weeks. The diagnosis of pustulisation of psoriasis induced by photochemotherapy was taken and the patient was treated by acitretin. One year later, he presented another episode of generalised vulgaris psoriasis and PUVA therapy was prescribed; 24 hours after the first exposition, a febrile, erythrodermic and pustular eruption was noticed and PUVA therapy was interrupted. Bacteriologic examinations were negative. Cutaneous biopsy showed subcorneal pustules filled with neutrophils with few eosinophils in the dermis.

The diagnosis of AGEP was evocated and a pharmacovigilance enquiry was performed concluding to a possible role of psoralen and UVA in the genesis of such condition.

Patch test to 5-methoxypsoralen without UVA exposition showed a local pustular eruption leading to its definitive contraindication in our patient.

Discussion: Several adverse events are described due to PUVA therapy. They can be related to the combination of UV and methoxypsoralen (topical or systemic) such as contact photoallergy^[1], systemic photoallergy^[2] and AGEP^[3]. Other side effects are due to methoxypsoralen only such as contact dermatitis (local treatment)^[1] and maculopapulous eruption^[4].

Clinical, histological and chronologic arguments were consistent with the diagnosis of AGEP to PUVA therapy. Patch test to 5-methoxypsoralen was positive and confirmed the imputability of this eruption to 5-methoxypsoralen excluding the role of UV in this condition.

Conclusion: Few cases of AGEP to psoralen are described in the literature. Ours is a new case confirmed by patch tests.

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