Guttate Psoriasis

1. Give an overview of the disease, it’s diagnosis, and management

Guttate Psoriasis

# Definition

An acute, self-limiting eruption of small droplet-like psoriatic plaques occurring following infection.

*Aside: Guttate is derived from the Latin word gutta, meaning drop.*

# Incidence, Age, Sex, & Geography

It is a moderately common condition that typically affects people younger than 30 but this is not absolute.

It is seen in all populations and affects males and females equally.

# Aetiology, Pathology, & Pathogenesis

The exact cause is unknown, but a precipitant is commonly identified:

* **Group A beta-haemolytic Streptococci (S. pyogenes, GABS) (mostly)**
* Various common fungi and viruses
* Drugs (NSAIDs, beta blockers and lithium have been reported)

As with many GABS-associated diseases it is a para-infectious phenomenon – *i.e. it is not infectious per se, but a triggering infection puts an inflammatory process in motion.*

As with aetiology, the exact mechanism is not understood, however various components in the chain are known:

* It appears to be a Th1-mediated disease
* HLA-Cw denotes susceptibility

Histologically it has hyperkeratosis as per classical psoriasis.

# Symptoms, Signs, & Tests

Presentation is with an acute onset of rash; a sore throat 2-3 weeks previously would be typical.

The rash is described as:

* Centripetal in distribution
* Multiple discrete “droplet-like” lesions
* 1-10mm in size
* Red/pink with fine scale
* Mildly itchy (*contrast with Pityriasis rosea*)

# Prognosis

Episodes are self-limiting lasting several months. A typical pattern might be:

* First month: *development of new lesion*
* Second month: *lesions remain stable*
* Third month & beyond: *remission*

Some patients have only a single episode but many will have some further flares. There is usually complete remission between episodes. There is a slightly higher risk of developing chronic plaque psoriasis.

# Management

Multiple options, varying in convenience and side effects, are available. A reasonable ladder might be:

1. **Reassurance & emollients**Often sufficient given self-limiting nature of disease and limited evidence about best treatment.
2. **Topical steroids**Burdensome given the widespread nature of the rash
3. **(Referral to dermatology for) Phototherapy**

# References

1. Davidson’s Principles and Practice of Medicine; 22nd Edition; pp1288
2. Guttate Psoriasis; Medscape; <https://emedicine.medscape.com/article/1107850-overview> (last accessed 28/5/2018)