

## Erythrodermic Psoriasis

### OVERVIEW

Erythrodermic [eh-REETH-ro-der-mik] psoriasis is a particularly inflammatory form of psoriasis that often affects most of the body surface. It may occur in association with von Zumbusch pustular psoriasis.

It is the least common type of psoriasis and may occur once or more during a lifetime in 1 to 2 percent of people who develop psoriasis. It generally appears on people who have unstable plaque psoriasis. This means the lesions are not clearly defined.

Widespread, fiery redness and exfoliation of the skin characterize this form. Severe itching and pain often accompanies it.

### SYMPTOMS

- Severe redness and shedding of skin over a large area of the body
- Exfoliation often occurs in large "sheets" instead of smaller scales
- Skin looks as if it has been burned
- Heart rate increases
- Severe itching and pain
- Body temperature goes up and down, especially on very hot or cold days



**Patients having an erythrodermic psoriasis flare should see a doctor immediately.**

Erythrodermic psoriasis “throws off” the body’s chemistry. This causes protein and fluid loss that can lead to severe illness. Edema (swelling from fluid retention), especially around the ankles, may also develop along with infection. The body often is not able to control its temperature. This can produce shivering episodes. Erythrodermic psoriasis can bring on infection, pneumonia and congestive heart failure.

**This form of psoriasis can be life threatening.** People with severe cases of erythrodermic psoriasis often require hospitalization.

Erythrodermic psoriasis can occur abruptly as the first sign of psoriasis. It can also come on more gradually in people with plaque psoriasis. The reason erythrodermic psoriasis appears is not understood. However, there are some known triggers.

Known triggers of erythrodermic psoriasis include:

- Abrupt withdrawal of systemic treatment
- Use of systemic steroids (cortisone)
- Allergic, drug-induced rash that brings on the Koebner response (a tendency for psoriasis to appear on the site of skin injuries)
- Severe sunburn
- Infection
- Emotional stress
- Alcoholism

### TREATMENT

Initial treatment usually includes medium-potency topical steroids and moisturizers combined with wet dressings, oatmeal baths and bed rest. Antibiotics may also be used. It is important to restore and maintain fluids in the body.

Systemic psoriasis medications are most effective and are usually required to bring severe cases under control. These include methotrexate, acitretin (brand name Soriatane) or cyclosporine. Use of systemic steroids for erythrodermic psoriasis is controversial. If used, taper off them slowly. Stopping steroids suddenly can trigger a flare of psoriasis.

Although there are no prospective clinical trials it is felt that fast acting anti-TNF agents, such as infliximab, can be an effective for treatment for erythrodermic psoriasis. Researchers initially studied biologics for chronic plaque psoriasis. However, after approval, success in treating all forms of psoriasis has been reported.

Combination treatments are frequently required. This can include the use of topical products and one or two systemic medications. UVB (ultraviolet light B) or PUVA (the light-sensitizing drug psoralen plus ultraviolet light A) treatment usually is not used until the redness of the skin has gone down. Once the erythrodermic flare passes, the psoriasis usually reverts to the way it looked before the flare.

Some doctors may prescribe pain medication, as this is an especially painful condition. Medication for itch, anxiety or sleep may be appropriate.

### FOR MORE INFORMATION

**If you think you are in an erythrodermic flare, see your doctor immediately.**

If you have questions not answered by this fact sheet, contact a health educator at the National Psoriasis Foundation by calling toll-free: 800.723.9166 or emailing [education@psoriasis.org](mailto:education@psoriasis.org) .

*National Psoriasis Foundation educational materials are medically reviewed and are not intended to replace the counsel of a physician. The Psoriasis Foundation does not endorse any medications, products or treatments for psoriasis or psoriatic arthritis and advises you to consult a physician before initiating any treatment.*