Psoriasis is a chronic (lifelong) disease related to the immune system. It is not contagious. Erythrodermic psoriasis is a more rare type of psoriasis compared to others such as plaque psoriasis. Only about 2 percent of people with psoriasis develop erythrodermic psoriasis. It can start at any age. And a person may develop erythrodermic psoriasis more than once during their lifetime.

People with psoriasis may have more than one type of psoriasis. You can have different types of psoriasis at different times.

What are the symptoms?

Erythrodermic psoriasis often affects nearly the whole body and can be life-threatening. It can upset your body’s normal temperature and fluid balance. This may lead to shivering episodes and edema (swelling and fluid retention) in parts of the body, such as in the feet or ankles. You may also have a higher risk of infection, pneumonia and heart failure.

You should see a health care provider immediately if you are experiencing these symptoms:

- Intense redness over a large area of the body that may look like a severe sunburn
- Changes in body temperature such as hypothermia (extremely cold) or hyperthermia (extremely hot)
- Changes in heart rate such as increased or decreased heart rate
- Dehydration (feelings of extreme thirst, fatigue or dizziness)
- Severe itching and pain of the skin
- Shedding of skin layers in large “sheets” rather than small scales as with plaque psoriasis

What are the triggers?

The following are some known triggers of erythrodermic psoriasis:

- Alcohol
- Allergic reaction to a medicine that causes a rash or other skin symptoms
- Certain medicines, such as systemic steroids
- Infections
- Severe sunburn
- Stress
- Suddenly stopping a medicine, such as a biologic or oral treatment

What are the treatment options?

The goal for treating erythrodermic psoriasis is to help reduce symptoms and get your body temperature and fluid balance back to normal. Depending on how severe your symptoms are, you may need to be hospitalized for treatment. The following are treatments recommended according to treatment standards from The 2017 NPF Psoriasis and Psoriatic Arthritis Pocket Guide.
First-line treatment options

These are generally the first treatments recommended according to treatment standards.

Your health care provider may recommend using one or a combination of the following:

- Cosentyx (secukinumab)
- Cyclosporine
- Methotrexate
- Remicade (infliximab)
- Systemic retinoids, such as Soriatane (acitretin)
- Taltz (ixekizumab)

Second-line treatment options

If your erythrodermic flare is not controlled by a first-line treatment, then it may be necessary to try one of the following:

- Enbrel (etanercept)
- Humira (adalimumab)
- Siliq (brodalumab)
- Stelara (ustekinumab)
- Tremfya (guselkumab)

Combination treatments may also be considered:

- Methotrexate and tumor necrosis factor-alpha (TNF-alpha) inhibitor, such as Enbrel, Humira or Remicade
- Systemic retinoids and TNF-alpha inhibitors
- Systemic retinoids and cyclosporine
- Cyclosporine and methotrexate

Your treatment plan may change after your erythrodermic symptoms have been cleared. Speak with your health care provider about what treatment options are appropriate for managing your psoriasis symptoms. This may mean that your treatment plan could include biologics or oral treatments, phototherapy or topicals to maintain your clearance. Work with your health care provider to set personal goals for managing your psoriasis. This will help you know what to expect from your treatments.

What should I do next?

Contact our Patient Navigation Center to find providers, prepare for appointments, discuss treatments and get help with accessing treatments (find contact information below).