Psoriasis is a chronic (lifelong) disease related to the immune system. It is not contagious. Pustular [PUS-choo-ler] psoriasis is a more rare type of psoriasis compared to others such as plaque psoriasis. Only about 3 percent of people with psoriasis develop pustular psoriasis. It is often seen in adults, but it can start at any age.

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?**

Symptoms of pustular psoriasis are pustules (white, pus-filled, painful bumps) that may be surrounded by inflamed or reddened skin. The pustules are filled with pus that is not infectious. This means that they are not caused by an infection and are not contagious. The symptoms of pustular psoriasis often go in a cycle of skin reddening, pustules appearing and then scaling. Symptoms can be localized (affecting only certain areas of the body) or generalized (affecting widespread areas of the body).

There are different types of pustular psoriasis that depend on where the symptoms appear:

- **Generalized pustular psoriasis or von Zumbusch** [vahn zuhm-BOOSSH] psoriasis is when symptoms affect large areas of the body. This type of pustular psoriasis can develop suddenly and progress quickly. It may also cause fever or chills, severe itching, changes in heart rate, fatigue or muscle weakness. You should see a health care provider immediately if you think you may have generalized pustular psoriasis.

- **Localized pustular psoriasis or palmoplantar** [pal-moh-PLAN-ter] pustular psoriasis (PPPP) is when symptoms affect the palms of the hands and/or soles of the feet. This type often affects the base of the thumbs and the sides of the heels. Pustules may appear on top of psoriasis plaques, turn brown, peel and become crusted.

- **Acropustulosis** [ak-roh-PUS-chool-loh-sis] is when symptoms affect only the tips of the fingers and/or toes. This type is very rare and may start after an injury to the skin or infection. It may also lead to bone changes in severe cases.

**What are the triggers?**

The following are some known triggers of pustular psoriasis:

- Certain medicines, such as topicals that cause an allergic reaction or systemic steroids
- Exposure to too much ultraviolet (UV) light from sunlight or possibly from phototherapy (light therapy)
- Infections
- Pregnancy
- Stress
- Suddenly stopping a medicine, such as a biologic, oral treatment or topical corticosteroid
What are the treatment options?

Treatment for pustular psoriasis may require wet compresses, cool baths, topical steroids, oral treatments or biologics. Depending on the severity of your symptoms, you may need to be hospitalized for treatment. Work with your health care provider to set personal goals for managing your psoriasis. The following are treatments recommended according to treatment standards from The 2017 NPF Psoriasis and Psoriatic Arthritis Pocket Guide.

Localized pustular psoriasis or PPPP

First-line treatment options include one or a combination of:
• Steroids
• Dovonex (calcipotriene) or Vectical (calcitriol)
• Tazorac (tazarotene)
• Over-the-counter (OTC) topicals such as moisturizers or keratolytics (scale-lifting topicals)

Second-line treatment options include:
• Biologics
• Laser UVB phototherapy
• Oral treatments
• PUVA phototherapy in combination with topicals, biologics or oral treatment

Third-line treatment options include combination treatments:
• Cyclosporine and methotrexate
• Cyclosporine and a biologic
• Methotrexate and a biologic

Generalized pustular psoriasis or von Zumbusch

First-line treatments recommended according to treatment standards include one or a combination of:
• Cosentyx (secukinumab)
• Cyclosporine
• Methotrexate
• Remicade (infliximab)
• Siliq (brodalumab)
• Systemic retinoids, such as Soriatane (acitretin)
• Taltz (ixekizumab)
• Tremfya (guselkumab)

It may be necessary to try second-line options, such as other biologics, oral treatments or PUVA phototherapy.

Acropustulosis

This type of pustular psoriasis may be difficult to treat. The combination of topicals and occlusion (covering) may help to increase the effectiveness and the amount of topical absorbed into the skin. It may also be possible to treat this type with biologics or oral 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).

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800-723-9166 | education@psoriasis.org | www.psoriasis.org/navigationcenter

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