

Zosteriform psoriasis vulgaris: An unusual koebner phenomenon

Zosteriform psoriasis vulgaris: Sıradışı bir koebner fenomeni

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Abstract

Psoriasis vulgaris is an inflammatory papulosquamous and koebner positive disease of the skin. The isotopic (koebner) response, a result of secondary dermatitis, is unrelated with former recovery of dermatitis. Although first reported by Wolf et. al (1) with a series of 58 patients, koebnerization resulting from Herpes Zoster infection is extremely rare in the current literature. A 74-year-old female patient with a 7-day history of multiple papular eruptions on C5 dermatome was admitted to our clinic. Psoriatic lesions were observed on the same dermatome two weeks later. The clinical as well as histopathological confirmed psoriasis diagnosis.

Keywords: Psoriasis, zosteriform, koebner

Özet

Psöriasis vulgaris derinin koebner positif , inflamatuvar papuloskuamoz bir hastalıdır. İzotopik (Köbner) yanıt, eski dermatitin iyileşmesi ile ilişkisi olmayan ikincil bir dermatit sonucudur. İlk olarak Wolf ve arkadaşları tarafından 58 hastalık bir dizi bildirilmesine rağmen, herpes zoster enfeksiyonundan kaynaklanan köbnerizasyon güncel literatürde son derece nadirdir. C5 dermatomunda 7 günlük birden çok papüler erüpsiyon öyküsü olan 74 yaşındaki bayan hasta kliniğimize başvurdu. Psöriyatik yaralar iki hafta sonra, aynı dermatomda gözlenmiştir. Hem klinik hem de histopatolojik olarak psöriasis tanısı doğrulandı.

Anahtar kelimeler: Psoriasis, zosteriform, köbner

Introduction

Psoriasis is a chronic inflammatory skin disease characterized by scaly patches, papules, and plaques. Koebner (isomorphic) phenomenon is emergence of disease-related lesions in healthy areas mostly evident in on lines of trauma. Although commonly seen in psoriasis, it appears with other skin diseases as well such as lichen planus, erythema multiforme, vitiligo, warts, molluscum contagiosum, and pityriasis rubra pilaris. Hereby, lesions become evident in the first or second trauma subsequent weeks (2). Although various diseases of the skin are reported in the aftermath of herpes zoster infection, psoriasis development in the affected area is a rare phenomenon.

The present report is about psoriasis development in T10-12 dermatome areas formerly infected with herpes zoster and that healed within 15 days. The patient was a 74 old female, who had been monitored for psoriasis during the last 8 years. To our best knowledge, there are few cases in the relevant literature about psoriasis emergence in the aftermath of herpes zoster. Hence, the present case is

considered to be worth presenting.

Case

A 74 year old female patient visited our clinic with complaints about blisters on her back as well as to severe pain that had begun one week ago. There were no other significant complaints in the patient history followed up for the last 8 years for psoriasis diagnosis. Her dermatological examination revealed pervasive vesicular lesions with erythema along T 10-12 dermatome. Also psoriatic plaques were present on her body as well as extremities. Systemic antiviral and topical antibacterial treatment due to herpes zoster diagnosis was administered and the patient was informed about potential pain. During her second visit after 15 days the lesions had healed but multiple guttate psoriatic lesions with a diameter of 1 to 3 mm had had emerged in the places of the healed lesions (Figure-1a,b).

Histopathological examination of the lesion biopsy revealed confluent parakeratosis, psoriasiform hyperplasia, hypogranulosis in the epidermis and munro microabscess in the stratum corneum. Moreover, suprapapillary thinning dilated capillaries and perivascular lymphocystes were evident in the dermis (Figure- 2).

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Psoriasis diagnosis was confirmed also pathologically and the patient informed about the new lesions as well as about the total recover of former infection. Topical steroid treatment was recommended for the lesions and she was asked for another visit after one month.

Psoriasis lesions of the patient had totally regressed (Figure-3).



Figure 1 a. After zoster multiple guttat psoriatic lesions with a diameter of 1 to 3 mm had developed in place of the lesions that had recovered.



Figure 1b. After zoster multiple guttate psoriatic lesions with a diameter of 1 to 3 mm had developed in place of the lesions that had recovered.

Discussion

In the literature, there are some diseases of psoriasis that trigger isomorphic phenomenon such as acne, insect and animal bites, burns, contact dermatitis, lichen planus, photosensitivity, pityriasis rosea, tattoo, herpes zoster, syphilis, and varicella.

However, the number of case reports about psoriatic lesion development in the aftermath of herpes zoster are extremely rare. Faber et al. suggested that neuropeptides may play a role in psoriasis etyo-

pathogenesis in which the underlying mechanism results from neurogenic inflammation caused for example Substance P (3-6).

Substance P plays a significant role in herpes zoster associated pain. This mediator has an as a chemo mediator effect on nociceptive impulses coming from the periphery to central nervous system. Capsaicin decreases nerve end stimulation and thus leads to a reduction in herpes zoster associated pain. There is

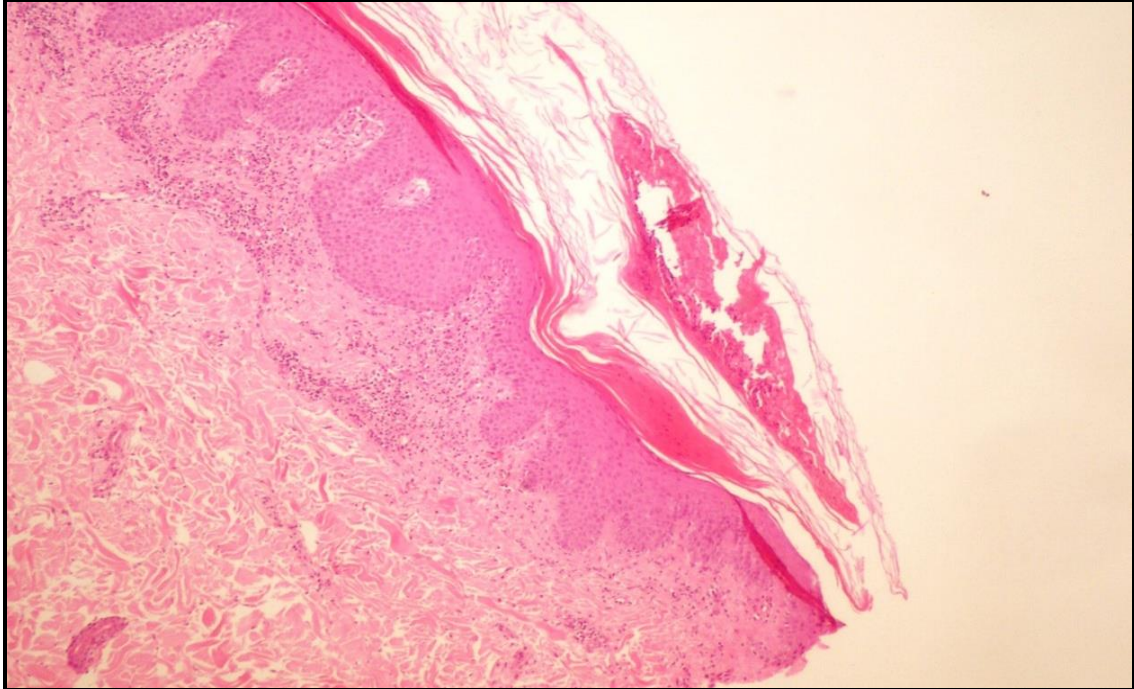


Figure 2. Confluent parakeratosis, psoriasiform hyperplasia, hypogranulosis were seen in epidermis, and Munroe microabscess was seen in stratum corneum. Suprapapillary thinning, dilate capillaries and perivascular lymphocystes were monitored in the dermis

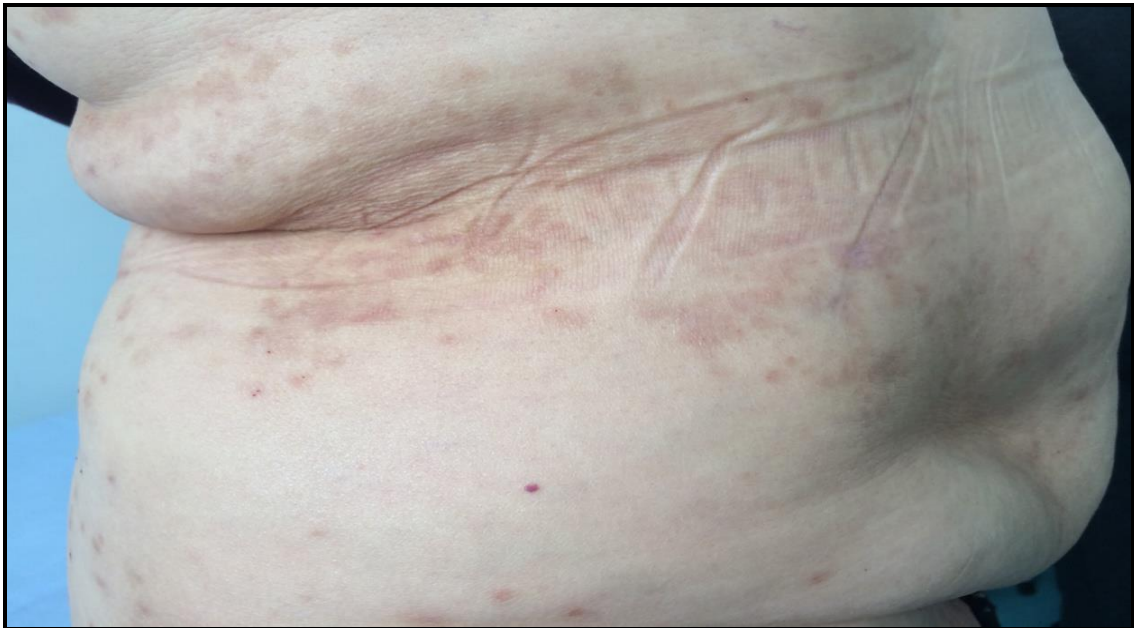


Figure 3. After treatment the lesions are disappeared completely

evidence that viral infections enhance substance P effects. This may explain the development of psoriasis in the area that had recovered from herpes zoster (7). As reports about herpes zoster infection followed by psoriasis in the affected area are extremely rare the present case is deemed to be worth publishing.

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