

## Guttate Psoriasis: A Case Report

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Psoriasis is an inflammatory, immune-mediated disease with a chronic and recurrent course.<sup>1</sup> It results from the interaction between genetic predisposition and endogenous and/or exogenous triggering factors, with an imbalance in the predominantly autoimmune immune response. In guttate psoriasis, which is more prevalent in children and young adults, the association with pharyngitis and/or tonsillitis by group A beta-hemolytic *Streptococcus* is frequent,<sup>1-3</sup> and the antigens will trigger the immune-mediated response in a field of greater genetic susceptibility, as evidenced by the association with the *HLA-cw6* allele.<sup>4</sup> Classical clinical findings include the sudden onset of erythematous and desquamative tear-drop like papules and plaques, often with a silver or white scaly layer, typically with a symmetric distribution.<sup>1</sup> In children, guttate psoriasis is mostly self-limited.<sup>1,4</sup> About 33%-40% of patients with guttate psoriasis eventually developed chronic plaque disease,<sup>4,5</sup> but there are limited studies addressing the long-term outcomes of guttate psoriasis.

We describe the case of a 17-year-old girl with a recent history of acute streptococcal tonsillitis that was admitted to the emergency department for erythematous and pruritic micro-papillary lesions. The lesions were initially located on the palms and later dispersed across the trunk, abdomen, and limbs, with the appearance of erythematous plaques covered with silvery scales (Figs. 1-4). She had no fever and there was no family history of psoriasis. There were no other findings in physical examination. Based on the hypothesis of guttate psoriasis, she underwent a skin biopsy that corroborated the diagnosis. She started topical treatment, with a vitamin D derivative and topical corticosteroid (calcipotriol/betamethasone foam for a year) and phototherapy (narrow-band ultraviolet B, three sessions per week for one month) with favorable evolution. After one year of treatment, the patient maintains discrete active lesions, under treatment

with emollient and heliotherapy, and sporadic use of calcipotriol/betamethasone.



**Figure 1.** Initial presentation of erythematous and scaly lesions in the trunk.



**Figure 2.** Detail of the scaly lesions on the trunk.

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**Figure 3.** Erythematous and desquamative tear drop like papules and plaques on the chest.



**Figure 4.** Detail of the erythematous and squamous plaques on the elbows.

**Keywords:** Adolescent; Psoriasis/diagnosis; Psoriasis/therapy; Streptococcal Infections/complications

**WHAT THIS REPORT ADDS**

- Guttate psoriasis is more common among children and young adults and a recent streptococcal infection is frequently described.
- In children, guttate psoriasis is mostly self-limited. In some cases, the lesions persist and may progress to plaque psoriasis.

**Conflicts of Interest**

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**Confidentiality of data**

The authors declare that they have followed the protocols of their work centre on the publication of patient data.

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