**Opinion**
Volume 9:3, 2022

Journal of Dermatology and Dermatologic Diseases

ISSN: 2684-4281 Open Access

# Erosive Pustular Dermatosis Involving the Upper Limb

**Sibel Alper***

*Department of Dermatology, Istanbul Bilim University, Turkey*

## Introduction

Erosive Pustular Dermatosis (EPD) is a cutaneous fiery condition, described by constantly non-recuperating sores with sterile pustules and hyperkeratotic crusted disintegrations. Albeit uncommon, extreme cases have been alluded by dermatologists to plastic specialists for the executives. The point of this paper was to portray the show and the board of broad EPD as well as a survey of current writing on this intriguing condition. An instance of assumed EPD of twelve years length was introduced. Broad nature of the infection in a man with foundation history of persistent provincial agony disorder required reference to plastic medical procedure administration from dermatology. This difficult case included a malnourished patient with broad region of his upper appendage skin impacted by hyperkeratotic crusting disintegrations with encompassing atrophic changes and joint contractures. After starting debridement and tissue biopsy to avoid threat, patient was saved ongoing for everyday dressing changes and effective strong corticosteroid application with help of sedative assistance. Huge improvement of the condition was clear with sequential visual documentation records. Erosive pustular dermatosis, albeit seldom alluded to plastic medical procedure, ought to be considered in the differential determination of a non-recuperating wound. It ought to determine promptly with expanded course of effective strong corticosteroid treatment.

## Description

Erosive pustular dermatosis (EPD) is a cutaneous incendiary condition, described by persistently non-recuperating injuries with sterile pustules and hyperkeratotic crusted disintegrations. Broad or contaminated infection might result in huge scarring and contracture. Under 200 cases have been accounted for in writing since late 1970s, when it was first depicted, with most cases including the scalp with actinic changes or the legs with venous deficiency. We portray here an instance of assumed EPD including most of an upper appendage of twelve years term, related with upper appendage complex local agony condition (CRPS). A 61-year-old, right-hand-predominant ex-sales rep had a background marked by past injury to right hand roughly 20 years prior, bringing about beam removal of his right ring finger and resulting proximal between phalangeal joint of his right center finger in 2002. This was muddled by improvement of ongoing CRPS influencing most of the right hand and lower arm. These regions had therefore evolved broad hyperkeratotic crusting disintegrations including practically whole right dorsal hand, lower arm reaching out to elbow joint and distal arm, with encompassing atrophic skin changes and fixed joint contractures. There was a potential history of self-scouring/bothering the skin [1-5].

His overall professional had dealt with this man locally with anti-infection agents for expanded period with insignificant improvement, until late reference in 2013 to dermatologist who believed this to be a type of EPD. He had since been alluded to the local Plastic Surgery administration for debridement and tissue biopsy as well as resulting day to day dressing and skin corticosteroid application because of his experience of CRPS blocking this being done as an office system. Multi-disciplinary data sources (for example the anesthetists and torment administration, analyst, physiotherapists, dietitian, plastic specialists and medical attendants) got during long term stay for 20 days prior to releasing to territorial focus where skin therapy proceeded and followed up by dermatology. Histology barred obtrusive danger and was steady with clinical conclusion of EPD. As of late EPD has been depicted in patients with non-recuperating consume wounds. It, in any case, has never been accounted for in the setting of atrophic skin changes connecting with CRPS which is certainly not a remarkable element among patients of the plastic/hand specialists.

## Conclusion

Our unique case has shown some trademark clinical and histo-obsessive elements reminiscent of EPD, and other dermatological analyses have been rejected by histo-clinical connection. We estimate that the tangible and atrophic skin changes related with CRPS might be inclined to aggravations and hence bringing about advancement of this ongoing crippling condition. The historical backdrop of conceivable self-scouring/bothering the all-around delicate skin may likewise be connected. It additionally had shown the probability of sickness backslide if resistant to endorsed therapy. Multi-disciplinary group inputs are the key in the administration of these patients. Erosive pustular dermatosis, albeit seldom alluded to plastic medical procedure, ought to be considered in the differential conclusion of a non-mending wound. It ought to determine promptly with expanded course of effective powerful corticosteroid treatment. Patients ought to be educated with respect to the significance regarding treatment consistence and the potential for backslide.

## Acknowledgement

None.

## Conflict of Interest

The authors declare that there is no conflict of interest associated with this manuscript.

## References

1. Pye, R. J, R.D.G. Peachey and J.L. Burton. "Erosive pustular dermatosis of the scalp." *Br J Dermatol* 100 (1979): 559-566.
2. LaCour, Matthew, Timothy Allen, Michael Wilkerson and Adam V. Nguyen. "A case of erosive pustular dermatosis of the scalp in a pediatric patient." *JAAD Case Rep* 5 (2019): 118-120.
3. Van Exel, Corrie E., and Joseph C. English III. "Erosive pustular dermatosis of the scalp and non-scalp." *J Am Acad Dermatol* 57 (2007): S11-S14.
4. Mervak, Julie E., Stephanie D. Gan, Emily H. Smith and Frank Wang. "Facial erosive pustular dermatosis after cosmetic resurfacing." *JAMA dermatol* 153 (2017): 1021-1025.
5. Brouard, M. C., C. Prins, P. Chavaz and J-H. Saurat. "Erosive pustular dermatosis of the leg: Report of three cases." *Br J Dermatol* 147 (2002): 765-769.

***Address for Correspondence:** Sibel Alper, Department of Dermatology, Istanbul Bilim University, Turkey, E-mail: sibelalper@gmail.com*



**Received:** 03 March, 2022, Manuscript No. JPD-22-58827; **Editor assigned:** 05 March, 2022, PreQC No. P-58827; **Reviewed:** 18 March, 2022, QC No. Q-58827; **Revised:** 21 March, 2022, Manuscript No. R-58827; **Published:** 28 March, 2022, DOI: 10.37421/jpd.2022.9.337.

**How to cite this article:** Alper, Sibel. "Erosive Pustular Dermatosis Involving the Upper Limb." J Dermatol Dis 9 (2022): 337.