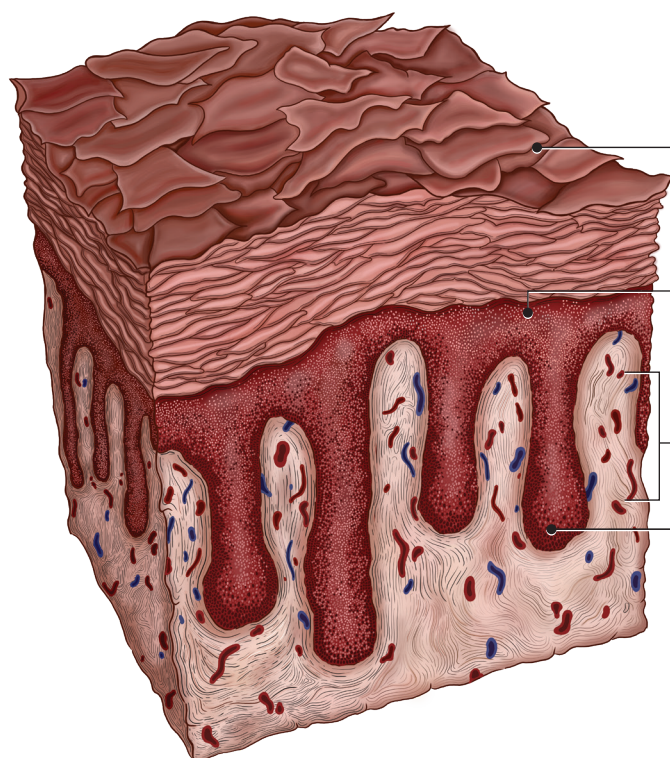


GENERALIZED PUSTULAR PSORIASIS

Generalized pustular psoriasis (GPP) is marked by sterile pustules and it presents as a potentially serious condition that needs to be diagnosed and treated promptly. The available treatment options are limited; however, novel medications now approved seek to manage pustular outbreaks. Furthermore, there is a great deal of variation in the length of each flare-up and the time between pustular

episodes. Fever, chills, lethargy, anorexia, nausea, and excruciating pain are common systemic symptoms associated with flare-ups of generalized pustular psoriasis. Lastly, pustules that develop during a GPP flare can persist for months, pose a serious risk to life, and frequently necessitate immediate medical attention.

GPP's histology is characterized by red scaly patches and plaques, Munro's microabscess (collection of neutrophils in the stratum corneum layer of the epidermis), hypergranulosis (increased thickness of the stratum granulosum), suprapapillary thinning (thinning at the tips of the dermal papilla), increased vascularization of the dermal papilla, and elongation of the rete ridges.



Histopathology of Generalized Pustular Psoriasis

Red, scaly patches and plaques

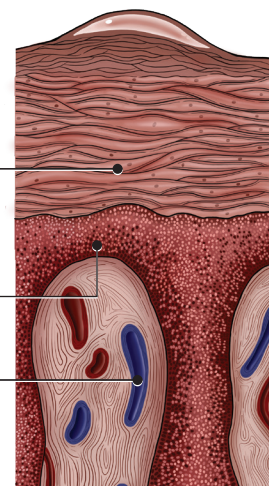
Munro's microabscess

Hypergranulosis

Suprapapillary thinning

Increased vascularization of dermal papilla

Elongation of rete ridges



Pus-filled Pustules

Pustular psoriasis is mostly identified by the development of pus-filled bumps on top of or surrounding red skin patches that indicate that white blood cells have entered the skin.

Prevalence

GPP is a rare disease; estimated prevalence of GPP ranges from 0.18-12.4 per 100,000 people worldwide.

