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Vesico-bullous rash caused by pompholyx eczema

Philip Vincent Charlton

Department of Rheumatology, Royal Surrey County Hospital, Guildford, UK

Correspondence to Dr Philip Vincent Charlton, philipvcharlton@doctors.org.uk

DESCRIPTION

A 31-year-old man presented to dermatology with a 4 day history of an intensely itchy, linear, vesicular rash affecting the palms of both hands, on the background of recent exposure to a patient with scabies. The patient had a history of childhood eczema and asthma but no exacerbations in adulthood. Examination and microscopy revealed a vesicular rash with an absence of any burrows, mites or eggs. A provisional diagnosis of pompholyx eczema was made and the patient was commenced on mild topical corticosteroids. The patient re-presented 5 days later with worsening symptoms and a severe vesico-bullous rash (figure 1) and was commenced on oral prednisolone and high strength topical corticosteroids. Symptoms initially continued to progress for 2 further days with enlarging of the bullae (figure 2). The image demonstrates the coalescence of vesicles to form tense bullae adjacent to areas of multiple vesicles (figure 3). Following a 1 month tapering



Figure 1 Rash on palm of left hand demonstrating multiple bullae and vesicles.



Figure 2 Further progression of bullous lesions.



Figure 3 Large bullae adjacent to multiple small vesicles.



Figure 4 Complete resolution after 1 month of oral and topical steroid treatment.

dose of steroids the patient remained symptom free at initial follow-up (figure 4). Pompholyx eczema is a common condition causing pruritic vesicles and bullae on the palms of the hand and soles of the feet. Differential diagnoses include pustular psoriasis, bullous pemphigoid and contact dermatitis.¹ The exact causal mechanism is unknown although contact dermatitis and concurrent mycoses have been implicated in the pathogenesis of some cases.² Topical and systemic corticosteroids are the mainstay of treatment but there are reports of cases that have been treated with botulinum toxin and calcineurin inhibitors.³

Competing interests None.

Patient consent Obtained.

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