PATIENT INFORMATION LEAFLET

EROSIVE PUSTULAR DERMATOSIS

WHAT ARE THE AIMS OF THIS LEAFLET?

This leaflet has been written to help you understand more about erosive pustular dermatosis. It explains what it is, what causes it, what can be done about it, and where more information can be found about it.

WHAT IS EROSIVE PUSTULAR DERMATOSIS?

Erosive pustular dermatosis (EPD) is a long-term skin disorder of the scalp and legs. It appears as skin bumps, sores or scabs and blisters filled with sterile pus (pustules). Women develop it three times more often than men. EPD most commonly develops in the elderly.

WHAT CAUSES EROSIVE PUSTULAR DERMATOSIS?

It is not clear what causes EPD. It is thought to be caused by sun damage or injury to the skin (for example at the site of previous medical or surgical treatments). Infection is not thought to be the main cause, as EPD does not go away with antibiotics alone.

IS EROSIVE PUSTULAR DERMATOSIS HEREDITARY?

No, it is not hereditary.

WHAT ARE THE SYMPTOMS OF EROSIVE PUSTULAR DERMATOSIS?

Some people notice pain and itching, but this is not common.

WHAT DOES EROSIVE PUSTULAR DERMATOSIS LOOK LIKE?

Patches of EPD usually start as one or more small, fragile, raw areas of skin with a yellowish crusty surface. These patches grow slowly and may join up to form larger, irregular areas which may remain for a long time. This can sometimes lead to scarring of the scalp. EPD on the legs often appears as swelling (oedema) and swollen blue (varicose) veins. However, scarring and skin thinning is less of a problem than on the scalp.

EPD can sometimes look like other skin conditions; therefore, it is important to obtain a correct diagnosis.

HOW IS EROSIVE PUSTULAR DERMATOSIS DIAGNOSED?

A diagnosis is often made by a dermatologist after examining the skin.

EPD can look very similar to other skin problems, therefore a skin sample may be taken and examined under a microscope (biopsy). This test requires a local anaesthetic injection into the damaged skin area. Stitches will then be put into the skin to close the wound which may lead to scarring and loss of hair around the scar area.

CAN EROSIVE PUSTULAR DERMATOSIS BE CURED?

Unfortunately, no definitive cure has been found, but EPD can often be managed effectively. Treatment is aimed at removing the crusts and preventing their recurrence. By doing this, the raw areas (erosions) underneath are allowed to dry and the areas may gradually heal. Scarring, if it develops, is permanent.

HOW CAN EROSIVE PUSTULAR DERMATOSIS BE TREATED?

EPD is often a long-term condition. The first step in therapy involves good local

skin care including gentle removal of crusts and a daily dressing. High-potency topical corticosteroids are often used. These may need to be applied for several weeks or months before healing occurs. Although the response to treatment is generally good, it varies from patient to patient.

Other treatments include treatments that can be applied to the area of EPD:

- topical tacrolimus 0.1% ointment
- dapsone 5% gel and
- topical calcipotriene.

Oral medication such as:

- A group of medications known as retinoids
- Zinc tablets

Photodynamic therapy seems to be effective in some people suffering from this condition.

Surgery is not recommended due to the potential for worsening of the condition.

SELF-CARE (WHAT CAN I DO?)

- Sun protection is recommended for all people with EPD. It is advisable to protect the skin from further sun damage (for example, by wearing a hat, long sleeves and a sunscreen with a high sun protection factor).

Top sun safety tips

- Protect your skin with clothing. Ensure that you wear a hat that protects your face, neck and ears, and a pair of UV protective sunglasses.
- Make use of shade between 11 am and 3 pm when it's sunny.
- It is important to avoid sunburn, which is a sign of damage to your skin and increases your risk of developing a skin cancer in the future. However, even a tan is a sign of skin damage and should be avoided.
- Use a 'high protection' sunscreen of at least SPF 30 which also has high UVA protection. Apply sunscreen generously 15 to 30 minutes before going out in the sun and make sure you reapply frequently when in the sun.
- Keep babies and young children out of direct sunlight.
- The British Association of Dermatologists recommends that you tell your doctor about any changes to a mole or patch of skin. If your GP is concerned about your skin, you should be referred to see a consultant dermatologist or a member of their team at no cost to yourself through the NHS.
- No sunscreen can offer you 100% protection. They should be used to provide additional protection from the sun, not as an alternative to clothing and shade.
- Routine sun protection is rarely necessary in the UK for people of colour, particularly those with black or dark brown skin tones. However, there are important exceptions to this; for example, sun protection is important if you have a skin condition, such as photosensitivity,

vitiligo or lupus, or if you have a high risk of skin cancer, especially if you are taking immunosuppressive treatments (including organ transplant recipients) or if you are genetically pre-disposed to skin cancer. Outside of the UK in places with more extreme climates, you may need to follow our standard sun protection advice.

- It may be worth taking vitamin D supplement tablets (available from health food stores) as strictly avoiding sunlight can reduce your vitamin D levels.

Vitamin D advice

The evidence relating to the health effects of serum vitamin D levels, exposure to sunlight and vitamin D intake, is inconclusive. People who are avoiding (or need to avoid) sun exposure may be at risk of vitamin D deficiency and should consider having their serum vitamin D levels checked. If the levels are low, they may consider:

- taking vitamin D supplements of 10-25 micrograms per day
- increasing intake of food rich in vitamin D such as oily fish, eggs, meat, fortified margarine and

- Regularly check your skin. There is a small risk of developing skin cancer when affected by EPD, but with good control this risk is reduced. If any skin changes develop which do not respond to steroid creams, in particular any skin thickening, soreness or ulceration lasting more than a few weeks, you need to tell your doctor without delay. You may need a biopsy to test for skin cancer.

WHERE CAN I GET MORE INFORMATION ABOUT EROSIVE PUSTULAR DERMATOSIS?

Web links to detailed leaflets:

https://www.dermnetnz.org/topics/erosive-pustular-dermatosis/

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

BRITISH ASSOCIATION OF DERMATOLOGISTS

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