

IMAGES IN CLINICAL MEDICINE

Chana A. Sacks, M.D., *Editor*

Poststreptococcal Pustulosis



A 47-YEAR-OLD MAN PRESENTED TO THE EMERGENCY DEPARTMENT WITH a 3-day history of a pustular rash that had developed on both hands. One week before presentation, he had started treatment with penicillin V potassium for pharyngitis. A throat-swab culture grew group A β -hemolytic streptococcus. Physical examination revealed multiple pustules surrounded by an erythematous rim on the palms of both hands and on the soles of both feet. An examination of the joints was unremarkable. Laboratory test results showed an absolute neutrophil count of 14,900 per cubic millimeter and a C-reactive protein level of 30 mg per liter; renal function was normal. A punch biopsy specimen of a palmar lesion was obtained, and histopathological analysis revealed a subcorneal pustule and mononuclear-cell infiltrates in the dermis. These findings were consistent with poststreptococcal pustulosis, an uncommon complication of group A streptococcal infection that may be misdiagnosed as palmoplantar psoriasis or acute generalized exanthematous pustulosis. Topical treatment with clobetasol was initiated, and the rash resolved after 14 days. At the 1-year follow-up visit, the patient had no recurrence of the rash.

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Tal Goldberger, M.D.
Vered Molho-Pessach, M.D.

Hadassah Medical Center
Jerusalem, Israel
rverem@hadassah.org.il