

Psoriasiform Dermatitis Following Intravenous Immunoglobulin Therapy: A Case Series

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BACKGROUND

- Two pediatric patients were treated with Intravenous Immunoglobulin therapy (IVIg) during the same week for Kawasaki disease and Mycoplasma-pneumoniae associated mucositis.
- Within 7 days of receiving IVIg, both patients developed similar psoriasiform eruptions. Review of the pharmacy records confirmed that both patients received IVIg from the same lot.
- Both patients were treated with topical steroids and had full resolution of the eruption.

Case 1

- A three-year-old male presented with diffuse, scaly pruritic papules with overlying scale on his face, trunk, abdomen and bilateral upper and lower extremities.
- The patient was discharged a week prior to presentation following a 10-day hospitalization for refractory Kawasaki disease treated with two courses of IVIg and high dose aspirin. He was discharged on aspirin 81 mg daily, mupirocin ointment and prednisolone 1mg/kg daily for 14 days.
- The patient's caretaker reported that the child developed a progressive rash following his discharge. It spread to involve the face, trunk and extremities including the palms and soles (Figure 3).
- A shave biopsy demonstrated a psoriasiform dermatitis with parakeratosis, neutrophils and serum crust.

Case 2

- A six-year-old female was initially treated with IVIg for hemorrhagic mucositis presumed to be Stevens Johnson syndrome which on further work-up was reclassified as Mycoplasma Induced Rash and Mucositis.
- One week later she presented to dermatology clinic with pink, scaling papules and coalescent plaques involving her face, trunk and extremities with notable involvement of the palms and soles and received topical steroids.
- She returned at 1 month follow up with well demarcated plaques with adherent white scale most prominent over extensor elbows and knees that resolved with a second course of topical steroids (Figure 5).

Patient 1



Figure 1a and 1b.
Psoriasiform eruption located on the forehead in both patient 1(1a) and patient 2(1b).

Patient 2



Figure 2.
Psoriasiform eruption located on the palmar surface on the hand. Demonstrating erythema, scaling and associated onycholysis with subungual hyperkeratosis

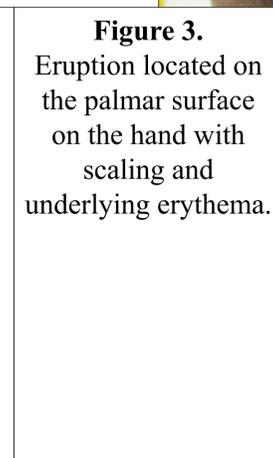


Figure 3.
Eruption located on the palmar surface on the hand with scaling and underlying erythema.



Figure 4.
Psoriasiform eruption located on the face and trunk of patient 1.



Figure 5.
Patient 2 one month later with well-demarcated plaques with adherent scale over extensor elbows.

DISCUSSION

- We present a similar psoriasiform eruption in two patients with the same treatment but different initial diagnoses, suggesting the eruption is related to the treatment with IVIg confirmed from the same lot.
- Although various cutaneous eruptions are documented following IVIg's use, eczematous reactions are the most common following IVIg treatment.⁶
- A recent study detailed 11 cases of psoriasiform dermatitis secondary to Kawasaki disease from 1998 to 2012. Out of these 11 patients, nine were treated with IVIg and the other two received no treatment, suggesting a possible role for IVIg in the development of these cutaneous reactions.¹
- Another case series from 1988-1998 detailed 10 patients who developed psoriasiform eruptions following treatment with IVIg.²
- It is therefore important to expand the list of cutaneous side effects to IVIg therapy to include psoriasiform eruptions

DISCLOSURES

- The authors declare no conflicts of interest.

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