



EROSIVE PUSTULAR DERMATOSIS (EPD)

What are the aims of this leaflet?

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

What is erosive pustular dermatosis?

Erosive (presenting with superficial ulcerations/erosions) pustular (pus forming) dermatosis (skin problem) is a long-term skin disease of scalp and legs. 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 exactly leads to EPD. It is thought to be caused by sun damage or injury to the skin (for example- previous local medical/ surgical treatments). Infection is not thought to be the main cause, as EPD does not clear with antibiotics alone.

Is erosive pustular dermatosis hereditary?

No

What are the symptoms of erosive pustular dermatosis?

EPD usually present as a mixture of raw areas and pus spots covered in yellow crusty plaques. Affected areas of the scalp heal with permanent hair loss and scarring. On the leg, scarring and skin thinning is less of a problem than on the scalp. On the legs there is often swelling (oedema) and swollen blue (varicose) veins. Some people notice pain and itching, but this is not common.

EPD often develops over several months or even years without improvement.

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 and crusty surface. These grow slowly and may join up to form larger, irregular areas which tend to be persistent. They can sometimes look like other skin conditions, therefore a correct diagnosis is important to establish.

How is erosive pustular dermatosis diagnosed?

The diagnosis is often made by a dermatologist after examining your skin.

Because EPD can look like other skin problems, a skin sample (skin biopsy) may be taken and checked under the microscope. This test requires a local anaesthetic injection and stitches to close the wound and may lead to a scar.

Can erosive pustular dermatosis be cured?

There are many treatments that have been used for EPD. Unfortunately, no definitive cure has been found, but, often, it can 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 removal of crusts and daily dressing. High-potency **topical steroids** are often used; they 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 topical **tacrolimus** 0.1% ointment, topical and oral **retinoids**, oral zinc, **dapsone** 5% gel and topical **calcipotriene**. 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 patients. 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 adequate clothing, wear a hat that protects your face, neck and ears, and a pair of UV protective sunglasses. Choose sun protective clothing (with permanently sun-protective fabric, widely available for adults and children) if you have fair skin or many moles.
- Spend time in the shade between 11am and 3pm when it's sunny. Step out of the sun before your skin has a chance to redden or burn.
- When choosing a sunscreen look for a high protection SPF (current recommendations are SPR 50 or 50+) to protect against UVB, and the UVA circle logo and/or 4 or 5 UVA stars to protect against UVA. Apply plenty of sunscreen 15 to 30 minutes before going out in the sun, and reapply every two hours and straight after swimming and towel-drying.
- 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 are advised to see a Consultant Dermatologist – an expert in diagnosing skin cancer. Your doctor can refer you for free through the NHS.
- Sunscreens are not an alternative to clothing and shade, rather they offer additional protection. No sunscreen will provide 100% protection.
- It may be worth taking Vitamin D supplement tablets (available from health food stores) as strictly avoiding sunlight can reduce Vitamin D levels.

Vitamin D advice

The evidence relating to the health effects of serum Vitamin D levels, sunlight exposure and Vitamin D intake remains inconclusive. Avoiding all sunlight exposure if you suffer from light sensitivity, or to reduce the risk of melanoma and other skin cancers, may be associated with Vitamin D deficiency.

Individuals avoiding all sun exposure should consider having their serum Vitamin D measured. If levels are reduced or deficient they may wish to consider taking supplementary vitamin D3, 10-25 micrograms per day, and increasing their intake of foods high in Vitamin D such as oily fish, eggs, meat, fortified margarines and cereals. Vitamin D3 supplements are widely available from health food shops.

- Protect the lesions of EPD from injury, so as to reduce the risk of ulceration. Consider protecting them with a padded dressing (medical shin guards for lower legs).
- Keep an eye on your skin. There is a small risk of developing skin cancer in EPD, but with good control of the symptoms and signs this risk is reduced further. 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.dermnetz.org/topics/erosive-pustular-dermatosis/>

For details of source materials used please contact the Clinical Standards Unit (clinicalstandards@bad.org.uk).

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

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