

Palmoplantar Pustulosis

Palmoplantar pustulosis (PPP) appears on the palms and soles. PPP is a difficult-to-treat skin condition. It occurs mostly in smokers (current or past), and it does not necessarily go away when the patient quits smoking. PPP is also known as pustular psoriasis of the palms and soles because some affected persons also have psoriasis. It sometimes runs in families and rarely occurs before adulthood. Smokers seem to be especially prone to PPP. Hyperkeratotic hand eczema, allergic dermatitis and tinea ("fungus") infections may appear similar, but require different treatment.

The skin develops tiny fluid filled blisters. They usually fill with a small amount of pus, then turn brown, then scaly. The scaling may be so prominent that only redness and scaling is seen. The pustules are sterile pustules; there are no germs in them and they are not contagious. They come in waves or crops on one or both hands and/or feet. They are associated with thickened, scaly, red skin that easily develops painful cracks (fissures). It is not caused by any known allergy or food.

The condition varies in severity and may persist for many years. It is not known what triggers flare-ups. It has little effect on the health in general, but can be very uncomfortable. Usually, pressure, rubbing and friction will worsen PPP.

Treatment does not cure the disorder, but the symptoms can usually be controlled. No treatment works for everyone. Some trial and error may be needed to find a successful treatment.

Superpotent topical steroid ointments (Temovate, Ultravate, and Diprolene) applied overnight covered with Saran Wrap for a few days are often very helpful. Prolonged occlusion, in which a milder steroid is left, covered with a plastic bandage for 7 to 10 days, can be even more helpful. However these very potent products should be used only for limited periods or else skin damage and loss of effectiveness will become a problem. Once improved, an application of a moderately strong topical steroid can be applied twice daily to the affected area to maintain improvement.

Soaks in tar solution (Zetar emulsion or Balnetar) or Crude coal tar and salicylic acid ointment (very messy) applied directly to the pustules every few days or so can stop them occurring or help peel off scale.

Tazorac gel or Dovonex ointments are very helpful to some patients alone, and increase effectiveness when added to other treatments. They can be irritating and are very expensive, but they don't damage the skin as steroid ointments can.

Ultraviolet light, with or without an oral medication called Oxsoalens (PUVA), is very effective for those who do not improve with creams and ointments. It is usually given in the doctor's office three times per week. Burns, sometimes enough to blister the skin, occasionally occur. A milder, home treatment is available.

Soriatane is an oral medication that helps control PPP in the majority of users. Unfortunately, there are many side effects. Most are not serious, but still it is only suitable for severely disabled patients. Neoral is even more effective. PPP will clear with just a fraction of the dose of Neoral used to treat other severe skin conditions. While safe for a short while, long term use is not recommended. Methotrexate is also used for severe PPP, with its own problems and side effects. Less reliably effective medications such as colchicine, tetracycline and Dapsone are occasionally used.