Subcorneal Pustular Dermatosis = ﺍﻠﻤﺘﻘرﻨﺔ اﻠﻄﺒﻘﺔ ﺗﺤﺖ اﻠﺒﺜرﻲ اﻠﺠﻠاﺪ
SPD (Sneddon-Wilkinson disease) is a chronic disorder that was first described in 1956 and is characterized by...
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SPD may be associated with a monoclonal gammopathy, which most commonly is an IgA paraproteinemia.
Histopathology

The pustules are subcorneal and contain neutrophils, with only an occasional eosinophil
The underlying slightly edematous stratum malpighii contains a small number of neutrophils. Only a few spongiform pustules show a suprabasal linear acantholytic cleft. The underlying stratum corneum is not affected.

**Pathogenesis**

The squamous intercellular substance IgA leads to neutrophilic infiltration. In some patients, elevated levels of tumor necrosis factor-α in the serum and pustules may be responsible for neutrophil activation (137).
Ultrastructural Study. The edge of the pustules shows cytolytic changes in the upper epidermis, especially in the granular layer. Dissolution of keratinocytes and granular layer is seen. Accumulation of neutrophils is a characteristic finding. In addition, there is a dissolution of keratinocytes and an accumulation of neutrophils in the stratum corneum. The dissolution of keratinocytes and the accumulation of neutrophils are regarded as events secondary to the cellular destruction in the stratum granulosum seen in one study.

Differential Diagnosis. The differential diagnosis includes other entities that show subcorneal pustules. Histologic differentiation from other conditions, such as psoriasis vulgaris and pustular psoriasis, can be challenging. The differentiation is based on the presence of a subcorneal layer of neutrophils, which is not present in SPD. Clinical information, IF testing, and a therapeutic trial of sulfones may be necessary for definitive diagnosis.
Although subcorneal pustules occur in both pustular psoriasis and SPD, spongiform pustules occur only
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