Subcorneal Pustular Dermatosis = اﻠﻤﺘﻘرﻨﺔ اﻠﻄﺒﻘﺔ ﺗﺤﺖ اﻠﺒﺜرﻲ اﻠﺠﻠاﺪ
Subcorneal Pustular Dermatitis (SPD) (Sneddon-Wilkinson disease) is a chronic disorder that was first described in 1956 and is characterized by the formation of pustules, which are pus-filled blisters. These pustules typically begin on the scalp and face and can occur on any part of the body. The pustules often develop in an annular or polycyclic arrangement. Pus characteristically accumulates in the lower half of large pustules.
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SPD may be associated with a monoclonal gammopathy, which most commonly is an IgA paraproteinaemia.
Subcorneal Pustular Dermatosis

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 are present. 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).

Pathogenesis

The squamous intercellular substance IgA leads to neutrophilic infiltration.
Ultrastructural Study. The edge of the pustules shows cytolytic changes in the upper epidermis, especially in the granular layer. Dissolution of the keratinocytes and eosinophilic subsquamous accumulation 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...
Although subcorneal pustules occur in both pustular psoriasis and SPD, spongiform pustules occur only...
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