A 29-YEAR-OLD MAN PRESENTED TO THE DERMATOLOGY CLINIC WITH A pruritic, erythematous, and scaly rash that had first appeared 2 years earlier. He had sought no medical treatment until this presentation. His medical history included eczema during childhood and seasonal allergies. He was taking no medications. A physical examination showed erythematous, violaceous plaques (Panel A) that involved more than 90% of the patient’s body-surface area, with some areas (for example, on the back) that were spared and reflect the baseline appearance of the patient’s skin (arrow, Panel B). The differential diagnosis for generalized erythema and plaque formation includes erythrodermic psoriasis, seborrheic dermatitis, and pityriasis rubra pilaris. A punch biopsy specimen obtained from two areas on the back confirmed the diagnosis of erythrodermic psoriasis. An erythrodermic papulosquamous eruption can be associated with an underlying systemic disease. In this case, testing for human immunodeficiency virus (HIV) infection was positive. The patient received highly active antiretroviral therapy as well as topical triamcinolone. At a follow-up visit 3 months later, the patient had complete clearance of the skin eruption with some residual hyperpigmentation.

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