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Improving Recognition and Diagnosis of GPP

Announcer:
Welcome to *DermConsult* on ReachMD. On this episode, we'll hear from Dr. Shannon Trotter, a board-certified dermatologist, Clinical Assistant Professor at Ohio University, and principal investigator for clinical trials at DOCS Dermatology Group in Ohio. She'll be explaining why generalized pustular psoriasis, or GPP, is underrecognized and misdiagnosed. Let's hear from her now.

Dr. Trotter:
GPP is really thought of as just being this emergent acute condition, which it is. But I think what gets forgotten is the other stages—the pre-pustular phase, which can occur for years before an acute flare can occur, and then also that chronic phase where the acute flare has come and gone, but patients still may be dealing with symptoms. And so that's one of the things I think we don't highlight enough, and we may catch patients during different stages. People could have had a history of an acute flare and may not have recognized it, especially if it was on the milder end of the spectrum, or they might not be familiar with the diagnosis to let a provider know.

Some providers think of GPP and plaque psoriasis as the same condition. They mistakenly get lumped together, and I think we have to remind ourselves these are two distinct skin conditions with different pathophysiology and treatment needs as a result. And if you think about plaque psoriasis as being one of the mimickers, GPP might also be confused with other conditions like palmoplantar pustulosis, also a drug reaction we see—acute generalized exanthematous pustulosis—subcorneal pustular dermatosis, also known as Sneddon-Wilkinson disease, and then also IgA pemphigus. So these are things that, as dermatologists, we're aware of, and sometimes we're not sure of the diagnosis.

When you're thinking about GPP in clinic and why we might underrecognize it or not diagnose it right away, those are all factors that contribute to it. And so what's important is that we take a really good history. Talk with the patient about previous history or potential flares if we're thinking about GPP and we're catching them more in a chronic phase. You can do a skin biopsy, but often, that's helpful to rule out other conditions and not necessarily rule in GPP. And I think the challenge with that too is that you don't always have time to get those results back, because if somebody is presenting during the acute flare phase, that's an emergency. And often, with a biopsy, we don't have time to get that back.

So I always tell providers to have a high index of suspicion, take into account the history for the patient, look at all the clinical findings, and try to put GPP on your radar as a possibility and a diagnosis for the patient in front of you.

Announcer:
That was Dr. Shannon Trotter discussing how we can better recognize and diagnose generalized pustular psoriasis, or GPP. To access this and other episodes in this series, visit *DermConsult* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!