

תקציר

We are presenting a case of a 68-years old female with a long-standing history of psoriasis and psoriatic arthritis that presented with a new-onset pruritic erythroderma under treatment with biologics. Two biopsies showed psoriasiform spongiotic dermatitis. Cyclosporine contributed only to a partial improvement in her rash.

Taking into consideration her complaints of chronic debilitating Itch, her medical history, the new morphology of the rash, the mild eosinophilia, elevated IgE levels, and the psoriasiform spongiotic dermatitis in her histopathology, our patient was diagnosed with a late-onset Atopic Dermatitis/Atopic Dermatitis- like reaction.

Although few patients may have Psoriasis and Atopic Dermatitis concomitantly, the simultaneous occurrence of both diseases appears to be rather rare. In literature, a phenotypic switch from Psoriasis to atopic dermatitis is mainly reported in patients receiving biologics. We will discuss the potential causes that may contribute to such a phenotypic switch, highlighting the management strategies reported in literature.

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