

# Acrodermatitis Continua of Hallopeau (ACH)

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### Definition and Overview



<https://www.bmj.com/content/bmj/380/bmj-2022-073447/F1.large.jpg>



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- A rare, chronic, and **sterile pustular skin disorder** affecting the **fingers or toes**.
  - Often involves the **nail beds**, leading to **deformity or destruction of the distal phalanx**.
  - Considered a **localized variant of pustular psoriasis** with unique features and progression.
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## Epidemiology

- **Rarity:** Uncommon disorder, mostly sporadic cases.
- **Age of Onset:** Can occur at any age, more common in **adults and elderly**.
- **Gender Predominance:** Slight **female predominance**.

### Triggering Factors:

- Minor trauma, infections, external irritants.
  - May be exacerbated by **systemic corticosteroids**.
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## Clinical Features

### Initial Presentation

- **Primary Lesion:**
    - Erythematous, scaly patches or plaques.
    - **Sterile pustules** at tips of fingers (rarely toes).
    - Commonly involves **one or two digits**, especially the thumb.
  - **Symptoms:**
    - Pustules rupture ? **crusts or erosions**.
    - Pain, tenderness, discomfort.
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### Progression





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- **Nail Involvement:**

- Nail folds, bed, matrix involvement ?
  - Nail dystrophy
  - Complete loss of nail plates (**onycholysis**)
- Chronic disease ? **permanent nail destruction**

- **Bone and Joint Changes:**

- **Osteolysis** (loss of distal phalanx)
- Joint stiffness or deformity (resembles psoriatic arthritis)

- **Spread:**

- Proximal extension along digit
- May involve multiple digits

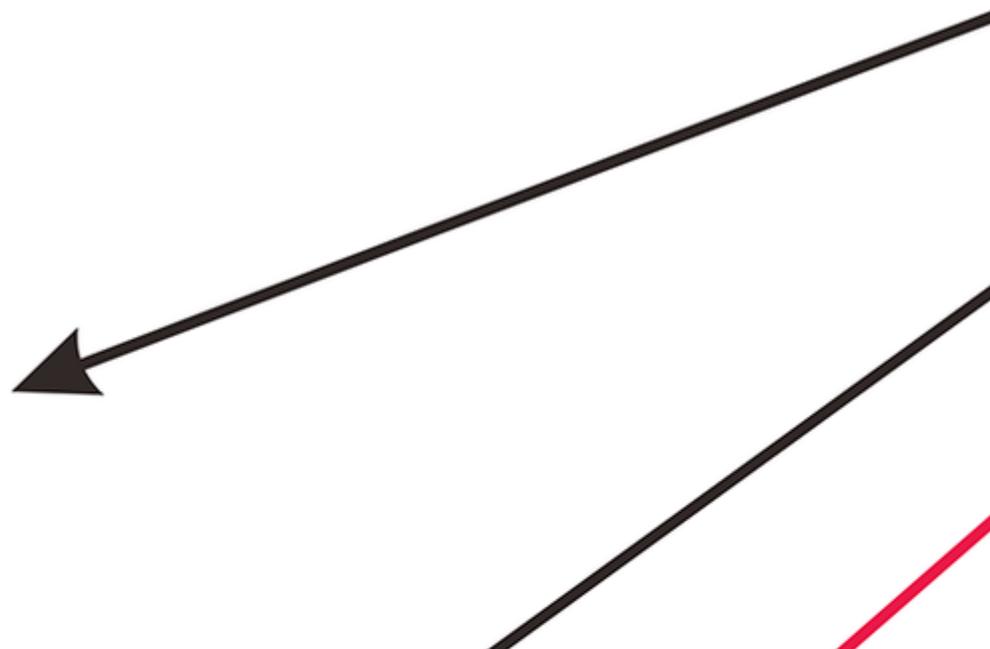
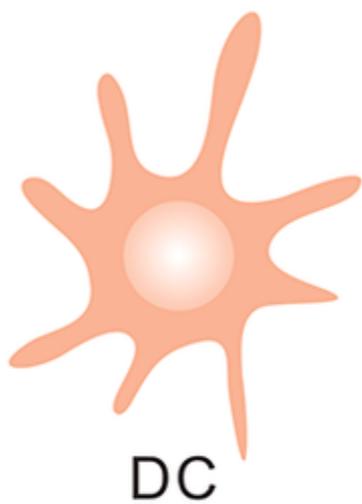
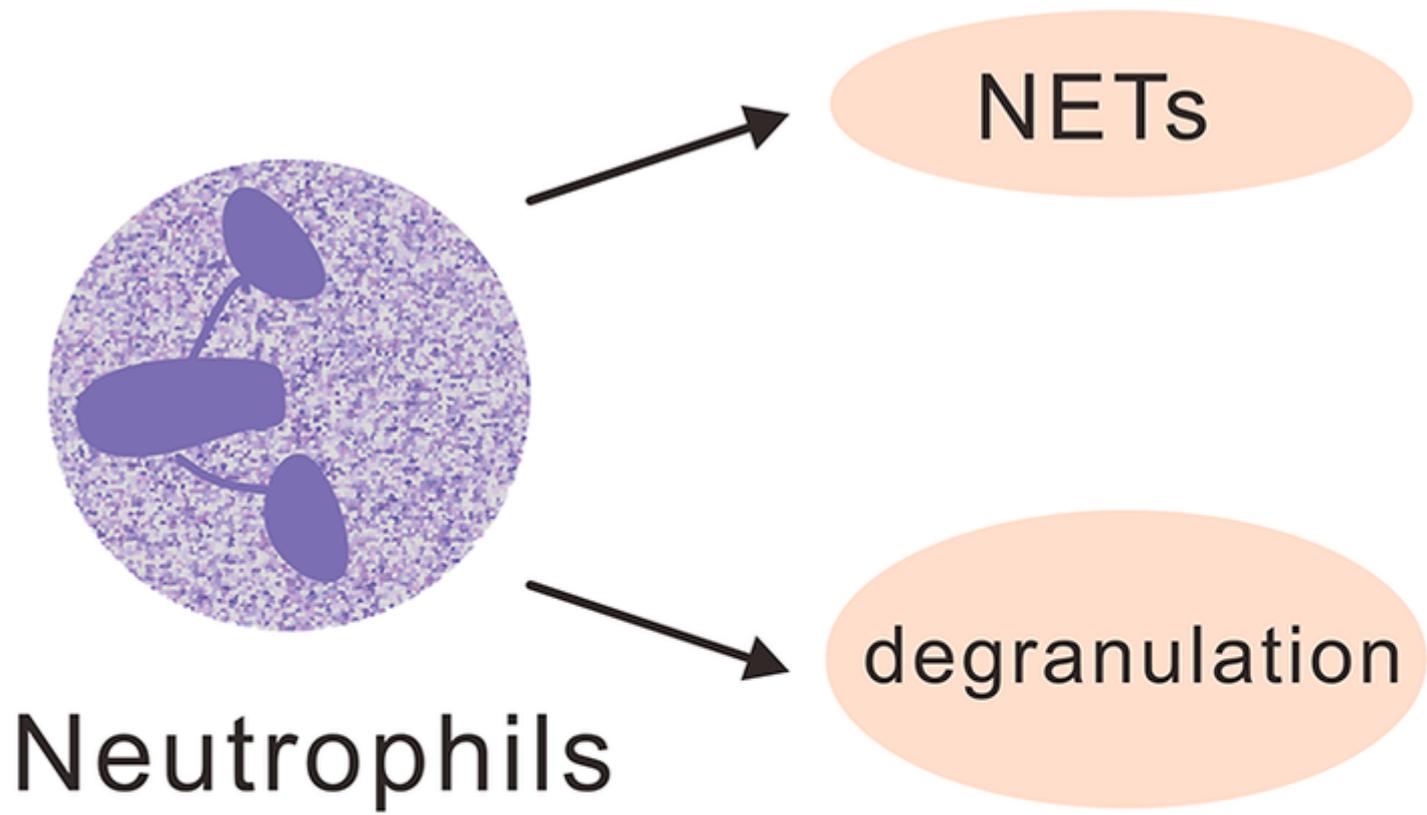
- **Generalization:**

- Can progress to **generalized pustular psoriasis** (life-threatening)
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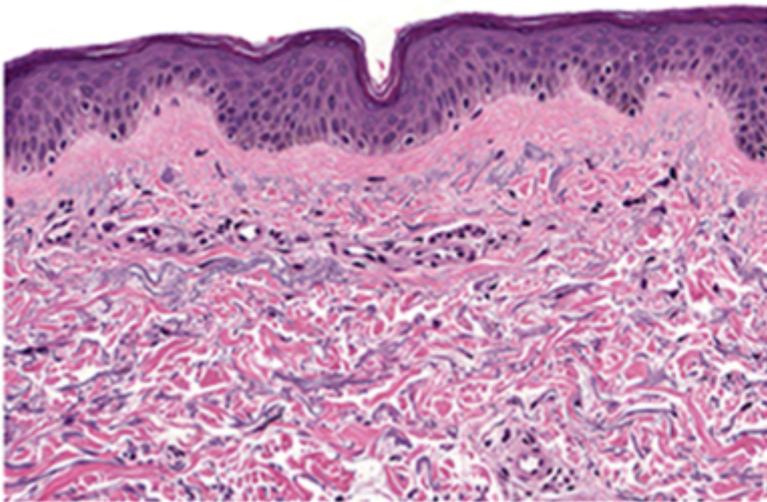
## Morphological Patterns

- **Localized Pattern:** Limited to one/few digits, chronic course.
  - **Diffuse Pattern:** Progressive spread with generalized pustulation.
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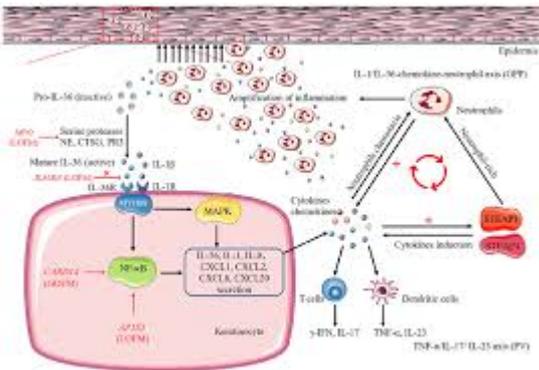
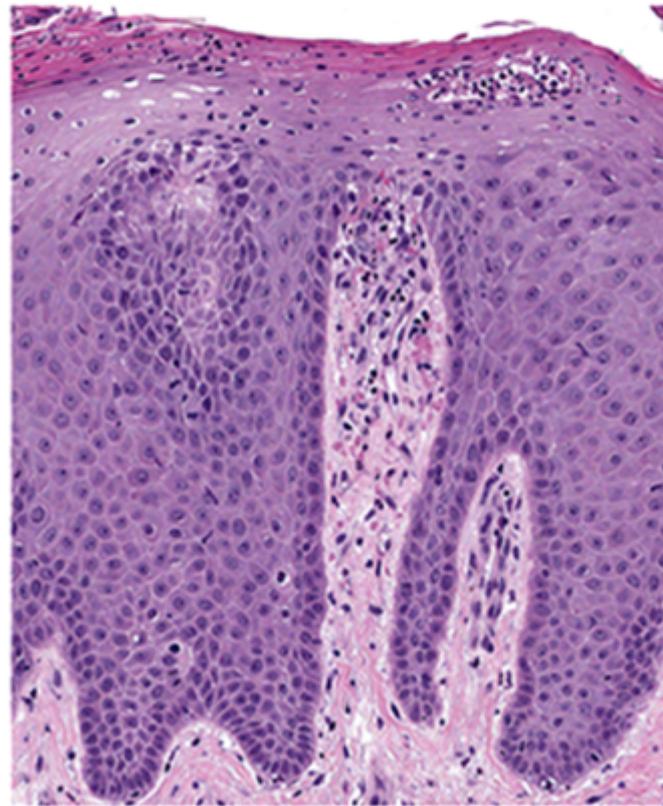
## Pathogenesis



# A Normal skin



# B Pustular Psoriasis



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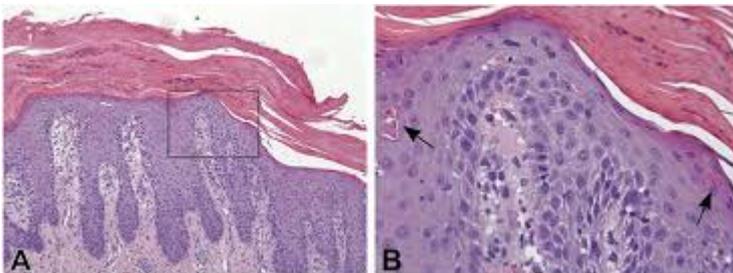
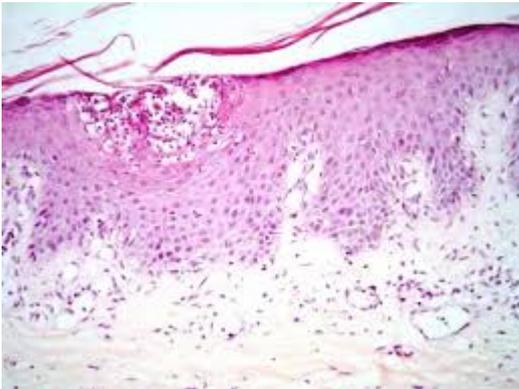
- **Autoimmune Nature:**

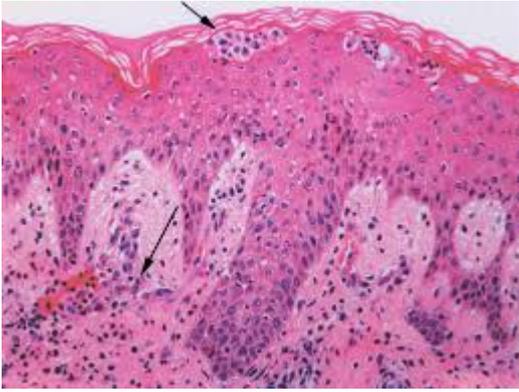
- Dysregulation of innate immunity

- Neutrophil activation
- Elevated **IL-36** cytokines
- **Genetic Associations:**
  - Mutations in **IL36RN**
  - Mutations in **API33**
- **Triggers:**
  - Trauma, stress, infections, irritants

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## Histopathology





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- **Subcorneal neutrophilic pustules** (hallmark).
  - **Spongiform pustules**, parakeratosis, epidermal thinning.
  - **Chronic cases:**
    - Epidermal atrophy
    - Fibrosis
    - Dermal inflammation
  - **Key feature:** Absence of infectious agents in pustules.
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## Investigations

- **Clinical diagnosis** based on characteristic lesions.
- **Laboratory tests:**
  - Rule out bacterial/fungal infections (sterile pustules).
  - **Genetic testing** (IL36RN, AP1S3).

- **Imaging:**

- X-ray ? detect **osteolysis or deformities**.

- **Histology:**

- Confirms neutrophilic pustules.
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## Differential Diagnosis

- **Infectious:**

- Herpetic whitlow
- Candidiasis

- **Inflammatory:**

- Psoriatic arthritis
- Onychomycosis
- Parakeratosis pustulosa

- **Traumatic:**

- Traumatic onycholysis
  - Contact dermatitis
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## Disease Course

- **Chronic and relapsing.**
- Persists for months to years.

### Complications:

- Nail destruction
  - Severe deformity and disability
  - **Spontaneous remission:** Rare
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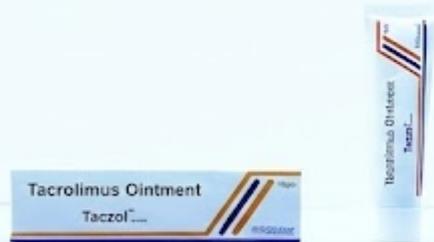
## Management and Treatment

### Local Treatments





# Tacrolimus Ointment (T



- Effective for Eczema
- Non-Steroidal
- Suitable for Adults & Children
- Reduces Inflammation
- Relieves Itching



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- **Topical corticosteroids** (with occlusion).
- **Vitamin D analogues** (calcipotriol).
- **Topical tacrolimus.**

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## Systemic Treatments







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- **First-line:**

- Acitretin (0.3–0.5 mg/kg/day)
- Methotrexate
- Ciclosporin

- **Second-line:**

- **Biologics:**

- TNF- $\alpha$  inhibitors (Infliximab, Adalimumab)
  - IL-17 inhibitors (Secukinumab)
  - IL-23 inhibitors (Ustekinumab)
  - **IL-1 blockade:** Anakinra
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## Combination Therapy

- Acitretin + PUVA
  - Methotrexate + biologics
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## Supportive Care

- Protect digits from trauma.
  - Treat secondary infections if present.
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## Prognosis

- **Localized ACH:**
  - Treatable but relapsing
  - Functional impairment possible
- **Generalized ACH:**
  - Requires aggressive therapy
  - High morbidity

## Key Points



- Early diagnosis prevents **nail loss and bone deformities**.
- **IL36RN mutation testing** helps guide biologic therapy.
- Long-term remission often requires **multimodal treatment**