CONDITION

Guttate psoriasis

Guttate psoriasis causes a sudden outbreak of small, scaly, drop-shaped spots on the skin.

WHAT IT IS
Sudden eruption of small, drop-shaped psoriasis patches

BODY SYSTEM
Skin and immune system

MAIN SYMPTOMS
Drop-shaped scaly spots, itch, rapid widespread rash

WHAT CAUSES IT
Immune inflammation, often triggered by streptococcal infection

HOW IT IS DIAGNOSED
Skin examination, sometimes skin biopsy

MAIN TREATMENT
Moisturisers, topical medicines, or ultraviolet light therapy

CAN IT BE CURED?
Sometimes - one episode clears completely

IS IT AN EMERGENCY?
Sometimes - breathing difficulty or rapidly widespread painful redness

LONG-TERM OUTLOOK
Often clears within months; some develop lasting plaque psoriasis

Overview

Guttate psoriasis is a type of psoriasis that causes many small, scaly spots to appear over a short time. "Guttate" comes from a Latin word meaning drop, describing the spots' teardrop-like shape.

The rash often develops on the chest, back, arms, or legs. It may also affect the scalp, face, or ears. Unlike plaque psoriasis, which usually causes thicker and larger patches, guttate psoriasis tends to produce numerous small spots.

It is linked to inflammation caused by the immune system. In many people, the first outbreak follows a streptococcal infection, such as strep throat. The rash commonly appears after the infection itself has started improving.

Guttate psoriasis is not contagious. You cannot catch it by touching someone's skin, sharing

towels, or being around someone with the rash.

An outbreak often improves within a few months. However, it can return after another infection, and some people later develop long-lasting plaque psoriasis. Assessment is useful because other rashes can look similar and a recent infection may need treatment.

Symptoms

The main symptom is a sudden outbreak of small, round or drop-shaped spots. They may spread across large areas over several days.

Typical features include:

On lighter skin, the spots often look pink or red. On brown or black skin, they may look red, purple, dark brown, or grey. Scale can appear white or silvery on any skin tone.

The rash may be easier to feel than see, especially on darker skin. After inflammation settles, the affected areas can temporarily become lighter or darker than the surrounding skin. This colour change is not usually a sign that the psoriasis remains active.

Guttate psoriasis does not normally cause blisters, open sores, or severe pain. Symptoms such as these may point to another condition or a complication and should be assessed.

- Numerous small, raised spots with fine scales
- Spots on the trunk, arms, legs, scalp, face, or ears
- Mild to moderate itching in some people
- A recent sore throat, fever, or respiratory infection

Causes and risk factors

Psoriasis develops when immune activity speeds up the production of skin cells. The extra cells build up at the surface, causing raised and scaly areas. The immune reaction is influenced by a combination of inherited susceptibility and outside triggers.

A streptococcal infection is the best-known trigger for guttate psoriasis. This is the bacterium that can cause strep throat and some skin infections. The rash often begins about one to three weeks after the infection.

Not everyone remembers having a sore throat. An infection may have been mild or may already have cleared when the spots appear. Other respiratory infections can sometimes act as triggers.

You may be more likely to develop guttate psoriasis if you:

Certain medicines can worsen psoriasis in some people, but you should not stop a prescribed medicine without medical advice. Stress does not directly cause the condition, though it may affect psoriasis activity.

- Are a child, teenager, or young adult, although any age can be affected
- Have psoriasis or a close relative with psoriasis
- Have recently had a streptococcal throat or skin infection
- Have had guttate psoriasis after an infection before

Diagnosis

Guttate psoriasis is usually diagnosed by examining your skin and asking how quickly the rash appeared. A healthcare professional may ask about recent sore throats, fever, skin infections, medicines, and any personal or family history of psoriasis.

The pattern, size, scale, and location of the spots often provide enough information for a diagnosis. A skin biopsy is rarely needed. During a biopsy, a small skin sample is removed under local anaesthetic and examined under a microscope.

If a recent streptococcal infection is suspected, testing may include:

These tests look for a possible trigger; they do not confirm psoriasis by themselves.

Other conditions can resemble guttate psoriasis, including pityriasis rosea, fungal infection, medicine-related rashes, eczema, and secondary syphilis. Tests may be offered when the appearance or medical history suggests another cause.

- A throat swab to look for an active bacterial infection
- Blood tests for antibodies produced after a streptococcal infection

Treatment and management

Treatment depends on how much skin is affected, how uncomfortable the rash is, and whether it is improving. Some mild outbreaks need only skin care and monitoring because they clear on their own.

Moisturisers, also called emollients, can reduce dryness, scale, and itching. They are most helpful when applied regularly and after washing. Gentle, fragrance-free products are less likely to irritate inflamed skin.

Topical corticosteroids are anti-inflammatory medicines applied to the skin. They can help individual patches but may be difficult to use when there are hundreds of spots. The strength and duration need to suit the body area and your age.

Other psoriasis treatments applied to the skin may occasionally be considered. Some can irritate widespread guttate psoriasis, so they should be used with appropriate guidance.

Narrowband ultraviolet B, or narrowband UVB, is a controlled form of light treatment. It may be offered when the rash is extensive, persistent, or difficult to manage with creams. Treatment is given in a specialist unit several times over a planned course. It is different from using a sunbed, which is not recommended as a substitute.

Medicines that affect the whole immune system are not commonly needed for a straightforward episode. A dermatologist may consider them if psoriasis is severe, persistent, or changing into another form.

If testing confirms an active streptococcal infection, antibiotics like amoxicillin or doxycycline may be prescribed to treat that infection. Antibiotics do not reliably make the skin eruption clear more quickly and are not a routine psoriasis treatment when no active infection is present.

Removing the tonsils has been studied for psoriasis linked to repeated throat infections. Evidence is limited, and surgery is not routine treatment for guttate psoriasis.

Complications

Guttate psoriasis often settles without lasting skin damage. Temporary lighter or darker marks may remain after the spots flatten, particularly on darker skin. These marks usually fade gradually, although this can take months.

Possible longer-term effects include:

People with psoriasis can also develop psoriatic arthritis, which causes inflammation in the joints or where tendons attach to bone. Seek routine medical assessment if you develop ongoing joint swelling, morning stiffness, heel pain, or swollen fingers or toes.

Rarely, psoriasis can become very widespread and cause intense redness, pain, fever, or problems controlling body temperature. This needs urgent assessment.

- Another outbreak after a future infection
- Development of persistent plaque psoriasis
- Sleep disruption from itching

- Distress, embarrassment, or reduced confidence

Prevention

Guttate psoriasis cannot always be prevented. You cannot change the inherited and immune factors that make you susceptible, and treating strep throat does not guarantee that an outbreak will be avoided.

Getting symptoms of a possible bacterial infection assessed can help ensure that the infection itself is treated when needed. Do not take leftover antibiotics or use antibiotics obtained without an assessment.

If you notice that outbreaks repeatedly follow infections or another specific trigger, keeping a dated record may help identify the pattern. Continue prescribed medicines unless the person who prescribed them advises a change.

Avoiding skin injury, harsh products, and scratching may reduce irritation, but these steps cannot reliably prevent guttate psoriasis.

Living with it and what to expect

A guttate psoriasis outbreak usually appears quickly, then changes more slowly. New spots may continue to appear for several days or weeks before the rash stabilises. Many episodes fade over a few months, but the timing cannot be predicted for one person.

As the inflammation settles, the spots become flatter and less scaly. Skin colour may take longer to return to its usual appearance. This does not necessarily mean treatment has failed.

Some people have only one episode. Others experience another outbreak after a throat or respiratory infection. In some, the small spots persist or are followed by the thicker patches of plaque psoriasis. Regular follow-up is more useful when the rash is not clearing, keeps returning, or has a major effect on daily life.

Use gentle skin-care products and avoid picking at scales. If itching affects sleep, discuss it during routine follow-up. Clothing that does not rub the skin may feel more comfortable.

Natural sunlight can improve psoriasis in some people but worsen it in others, and sunburn can trigger more inflammation. Sunbeds expose you to ultraviolet radiation without the monitoring used in medical phototherapy and increase the risk of skin cancer.

Guttate psoriasis does not stop most people from attending school, working, exercising, swimming, or having physical contact with others. It cannot be passed to another person.

When to get medical help

Arrange a routine appointment if you develop a new, widespread scaly rash, particularly after a sore throat or fever. An assessment can distinguish guttate psoriasis from infections and other skin conditions.

You should also arrange follow-up if:

Seek urgent medical advice if your skin becomes rapidly and extensively red, painful, hot, or tender, especially with fever, chills, weakness, or pus-filled spots. These symptoms are not typical of uncomplicated guttate psoriasis.

Call emergency services for difficulty breathing, fainting, confusion, or swelling of the lips, tongue, or throat. These can be signs of a severe allergic reaction or another emergency rather than guttate psoriasis itself.

- The rash is not improving or continues to spread
- Itching interferes with sleep or daily activities
- You have repeated outbreaks
- Treatment is irritating your skin or is difficult to use
- You develop persistent joint pain, swelling, or morning stiffness
- The condition is affecting your mood or confidence

Common questions

Is guttate psoriasis contagious?

No. It results from immune inflammation and cannot spread through touch. A streptococcal infection that triggered it may be contagious, but the psoriasis rash is not.

How long does guttate psoriasis last?

Many outbreaks fade within a few months. Some clear sooner, while others persist or develop into plaque psoriasis. Skin colour changes may remain after the raised and scaly areas have gone.

Does guttate psoriasis always mean I have strep throat?

No. Strep is a common trigger, but not everyone has evidence of a recent infection. Other infections may trigger an outbreak, and sometimes no specific trigger is found.

Will guttate psoriasis turn into plaque psoriasis?

It can, but this does not happen to everyone. Some people have one episode that clears completely. Follow-up is appropriate if spots remain, become thicker, or join into larger patches.

Do antibiotics cure guttate psoriasis?

Antibiotics treat an active bacterial infection, not the immune inflammation directly. Research has not shown that they reliably clear the rash more quickly. They may still be important when a streptococcal infection is confirmed or strongly suspected.

Can I use sunlight or a sunbed to treat it?

Do not use a sunbed as treatment. Its ultraviolet exposure is not controlled in the same way as medical phototherapy and increases skin cancer risk. If light treatment is suitable, narrowband UVB can be provided and monitored by a dermatology service.

Sources

- DermNet. Guttate psoriasis
- British Association of Dermatologists. Guttate psoriasis patient information leaflet
- NHS. Psoriasis
- National Institute for Health and Care Excellence. Psoriasis: assessment and management, guideline CG153
- Ko HC, Jwa SW, Song M, Kim MB, Kwon KS. "Guttate psoriasis: our understanding of pathogenesis and current treatment options." Expert Review of Clinical Immunology . 2019;15(10):1069-1078.
- Maruani A, Samimi M, Stembridge N, et al. "Non-antistreptococcal interventions for acute guttate psoriasis or an acute guttate flare of chronic psoriasis." Cochrane Database of Systematic Reviews . 2019;4:CD011541.