Abstract: Pityriasis rosea is a self-limiting exanthem of possible viral origin, usually lasting for 4 to 7 weeks. Many atypical forms of pityriasis rosea have been described in literature. We describe a papular variant of pityriasis rosea with palmar involvement. A twenty eight year old male presented with complaints of generalized itchy skin lesions for 4 days and history of exposure to white cement 7 days back. It was initially thought as an allergic contact dermatitis to cement. On dermatological examination there were multiple erythematous papules over chest, back and proximal portions of both upper limbs and multiple erythematous scaly patches over both lower limbs and a few of them showed peripheral collarette of scales. Scaly eruptions were also observed over the palms. Skin biopsy was done and the patient was treated with emollients. On follow up after 3 weeks the lesions got resolved spontaneously and histological examination was suggestive of pityriasis rosea.

Keyword: Pityriasis rosea, papular pityriasis rosea, herald patch

Introduction: Pityriasis rosea is a seasonal papulosquamous disorder that can easily be confused with a wide variety of similar appearing cutaneous disorders. This is particularly evident in its atypical form. Many atypical forms of the disease have been reported in the literature. We describe a case of papular pityriasis rosea with palmar involvement mimicking allergic contact dermatitis.

Case History: A 28 year old male with complaints of generalized itchy skin lesions for 4 days and history of exposure to white cement 7 days back, was referred to the Department of Occupational Dermatoses as a case of allergic contact dermatitis to cement. The patient was apparently normal 4 days before. He then, developed generalized itchy skin lesions which appeared in crops. Over a span of 2 to 3 days it progressed and involved the trunk, proximal part of upper and lower limbs. Dermatological examination revealed multiple erythematous papules over chest, back and proximal portions of both upper limbs, a few of them over the upper limbs coalesced to form plaques. On further examination multiple erythematous scaly plaques and few papules were noted over both lower limbs more on the posterior aspect of thighs and a few of them showed peripheral collarette of scales. Scaly eruptions were also noted over the palms. Face, soles and mucous membranes were uninvolved. There was no history of prior medication, or upper respiratory tract infection. His complete blood count was within normal limits. To rule out allergic contact dermatitis patch test for nickel, chromium and cobalt were done and was found to be negative. His VDRL status was nonreactive. The patient was treated with emollients and skin biopsy was performed from a lesion over the left arm. On follow up the lesions got resolved spontaneously after 3 weeks and the histopathological examination was suggestive of pityriasis rosea.
Scaly eruptions over the palms

Erythematous papules and plaques over the arm

Erythematous plaques with peripheral collarette of scales over thighs

Low power view showing the epidermis with mild acanthosis, spongiosis along with perivascular inflammatory infiltrates in the upper dermis

High power view showing perivascular inflammatory infiltrates and extravasation of RBCs

Discussion:
The term pityriasis rosea was first used by Gibert in 1860 and it means pink (rosea) scales (pityriasis). It affects mainly children and young adults, and is characterized by a distinctive skin eruption with minimal constitutional symptoms. Although no etiology has been proven, viral agents especially Human herpes virus 6 and 7, autoimmunity, drugs and vaccination have been proposed as possible etiological factors. The first manifestation of the disease is usually the appearance of a herald patch, which is single or rarely multiple, sharply defined, erythematous, round to oval patch or plaque and is covered by fine scales. It is larger and more conspicuous than the lesions of the later eruptions and is usually situated over the thigh, upper arm, trunk or the neck. After an interval of 5 to 15 days, the generalized eruptions begin to appear in crops. In its classical form the eruptions occur as discrete oval lesions, dull pink in colour and covered by fine, dry, silvery-grey scales. The centre tends to clear and assumes a wrinkled, atrophic appearance and a tawny colour, with a marginal collarette of scales attached peripherally, with the free edge of the scales internally. The long axes of the lesions characteristically follow the lines of cleavage parallel to the ribs in a Christmas tree pattern on the upper chest and back. The scaly lesions are commonly associated with pink macules of varying size and the eruption may be exclusively macular. The lesions are usually said to be confined to the trunk, the base of the neck and the upper third of the arms and legs. Histopathological examination of the lesion is characterized by focal parakeratosis, mild acanthosis, mild spongiosis, papillary dermal edema with perivascular infiltrates of lymphocytes and histiocytes and focal extravasation of the RBCs. Atypical variants of pityriasis rosea are rare, constituting approximately 20 percent of all cases. Atypical types can be differentiated by morphology, size, distribution, number, site, severity and course of the lesions. According to morphology, atypical forms of pityriasis rosea are described as generalized papular, vesicular, purpuric (hemorrhagic), urticarial, erythema multiforme-like lesions and even pustular forms may rarely occur. The herald patch is absent or undetected in some of the cases. The secondary eruptions vary greatly in extent. It may be almost generalized or may be limited to a few lesions, often around the herald patch. Papular variant is more common in children and African population. Here we describe a case of papular pityriasis rosea with absence of mother patch and palmar involvement. Our case has an atypical presentation in its morphology (papular), course (absence of mother patch), site of involvement (palms).
References


