Short communication

PITYRIASIS ROSEA WITH UNUSUAL PAPULOVESICULAR PRESENTATION

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SUMMARY

Although pityriasis rosea is a common and well known disorder, some cases with atypical lesions and an unusual distribution of the latter are sometimes observed.

This paper reports on a 30-year-old male patient with papulovesicular exanthema which in the beginning of the disease could not be clearly differentiated.

Later on the clinical features changed and showed the characteristic signs of pityriasis rosea. The pathohistologic symptoms were also different. The spongiosis was more expressed, there were larger spongiotic vesicles.

KEY WORDS

pityriasis rosea, atypical papulovesicular lesions

INTRODUCTION

Pityriasis rosea is a relatively frequent benign dermatosis of unknown etiology with typical clinical features. Therefore in the majority of cases this skin disease is not difficult to diagnose. Nevertheless, some cases with atypical lesions such as papulae, vesiculae, bullae, urticae and even erythema multiforme-like lesions have been described (1,2,3). There are also reports on cases with unusual distribution of the lesions, i.e. on the extremities, the face or scalp (4), and cases with manifestations on the oral mucosa (5,6,7).

For the above reasons we decided to report on our 30-year-old male patient with disseminated papulovesicular exanthema which in the beginning we could not differentiate clearly.

CASE REPORT

The patient was admitted to the Department of Dermatology because of acute papulovesicular exanthema lasting two days. Previously, at the Unit for Infectious Diseases, varicella was excluded (the patient already had it in childhood).

Clinical findings:

On the trunk and shoulders, on the neck and scalp soft, bright-red papules were disseminated quite symmetrically. Some of these papules showed evidence of a tiny vesicle (Fig. 1). Except for vigorous pruritus, the patient had no other subjective symptoms. Otherwise his health was satisfactory. Routine laboratory findings were within normal limits.

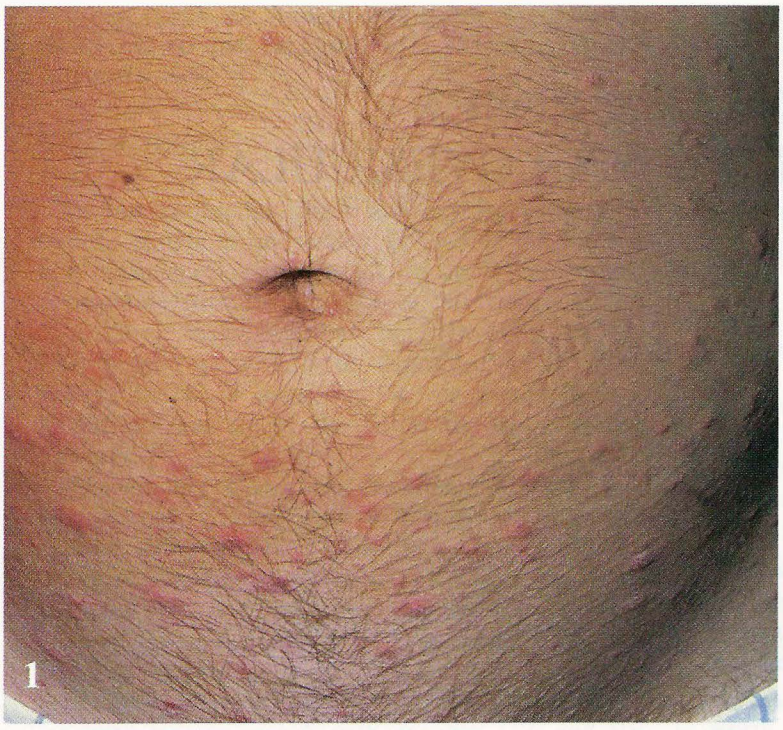
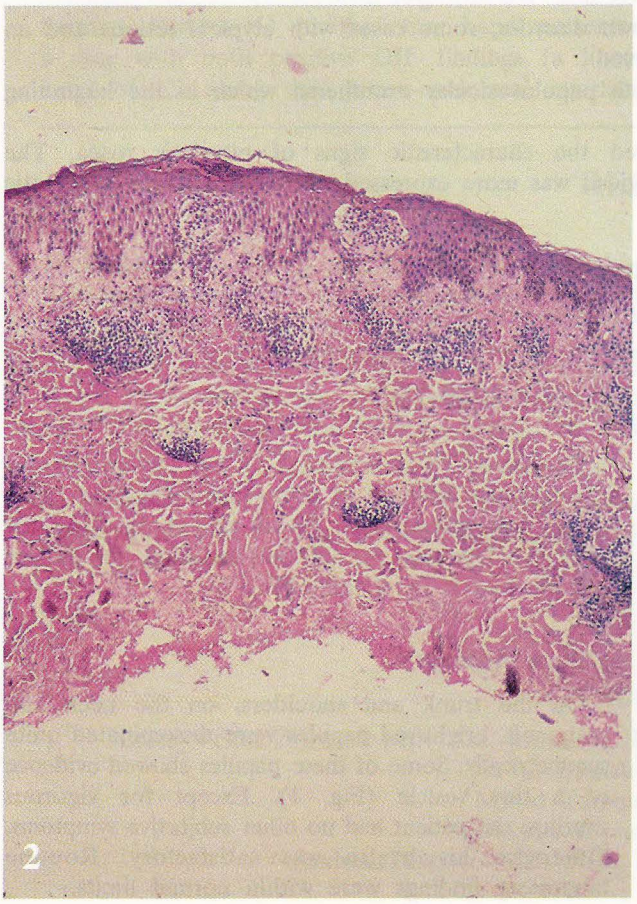
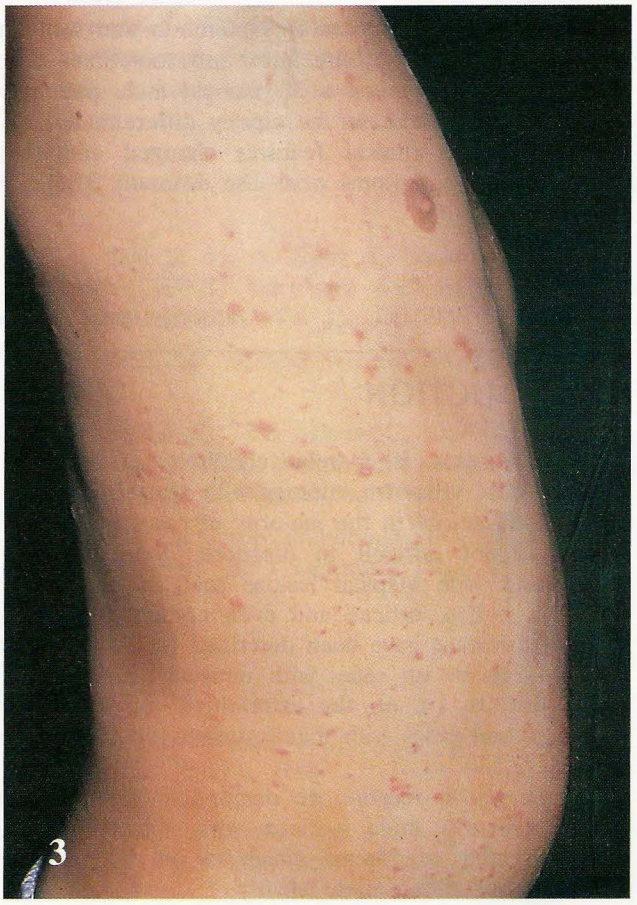


Fig. 1. Bright-red papules on the trunk. In some of these papules a tiny vesicle is present.

Fig. 2. Slight acanthosis, focal parakeratosis, spongiosis with some larger spongiotic vesicles.
In the upper dermis presence of a perivascular lymphohistocytic infiltrate. (hematoxylin - eosin x 40)

Fig. 3. Pityriasis rosea. Typical distribution of lesions.





Pathohistologic findings:

Slight acanthosis, focal parakeratosis, spongiosis with some larger spongiotic vesicles. In the upper dermis presence of perivascular lymphohistiocytic infiltrate. Some exocytosis. (Fig. 2)

Course of the disease:

In the differential diagnosis two possibilities were taken into consideration. First, there was the possibility of an infectious exanthema, and second, of drug eruption. Since anamnestic data related to drug abuse were negative and general state of the patient was satisfactory, only symptomatic therapy was applied.

After several days of observation, the clinical features changed. The lesions flattened, became oval, the "collarette scaling" occurred. (Fig. 3)

In spite of the missing herald patch, the clinical features became then characteristic of pityriasis rosea.

The pathohistologic findings are also consistent with the clinical diagnosis. Only the larger spongiotic vesicles were somewhat unusual.

COMMENT

In the majority of cases, the diagnosis of pityriasis rosea is easy. Differential diagnostic problems occur only in the initial stage of the disease, when clinical features are not yet fully developed, and indeed in atypical cases. In about 5% of patients, the eruption of pityriasis rosea is preceded by prodromes of fever, headache, malaise, arthralgia and gastrointestinal symptoms consisting of vomiting, diarrhea or constipation (8). If in such cases signs of respiratory irritation are also present, or there are lesions on oral mucosa and skin with an atypical distribution of the latter, the differentiation between infectious and drug exanthema is practically impossible. Only the occurrence of typical lesions during the later course of the disease makes a correct diagnosis possible.

Also in our case the disease was initiated with atypical papulovesicular lesions in unusual distribution (neck and scalp) and with vigorous pruritus, which is rarely seen in pityriasis rosea. Later on, in the course of the disease, the symptoms of pityriasis rosea became evident and the final diagnosis could be made.

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