9-Pityriasiform Disorders

Pityriasis Rosea

Background:

- Bug or Drugs: **Viral associations** prior to onset of rash (HHV 6 & 7), **bacterial infections** (Strep), **ACE**-i, **NSAIDs**, **beta blockers**, gold

Epidemiology:

- Ages **10-40 y/o**

Clinical Presentation:

- Begins w/ **herald patch** → hours to weeks later = **diffuse eruption** of smaller **salmon colored oval** and slightly **scaly macules, patches** and **plaques** in a "**Christmas tree**" pattern on the **trunk** and **proximal** extremities along lines of **skin cleavage**
    - Look for a **trailing scale** (scale does not reach the leading edge of the erythematous lesion) and mild **itching**
    - **Herald patch**: present in **70**% of cases.
- Atypical forms:
    - Papular Pityriasis rosea: African American children and immunosuppressed. May involve face & scalp.
    - Inverse Pityriasis rosea: intertriginous areas
    - Oral Pityriasis Rosea: aphthous-like ulcers

PEARL: What other conditions have a trailing scale? Erythema annulare centrifugum

Diagnosis:

- Biopsy

Histology:

- **Thin mounds** of **parakeratosis, spongiosis, perivascular lymphohistiocytic infiltrate** and **extravasated RBCs**

PEARL: What other disorder shows mounds of parakeratosis? (think "PEGS") – **P**ityriasis rosea, **E**rythema annulare centrifugum, **G**uttate psoriasis, **S**mall plaque Parapsoriasis

Treatment:

- **Self-limited condition & Supportive: Resolves** on its own **in 3-8 weeks**
    - **If pruritic → Mild topical steroids**, **oral anti-histamines**, UVB, oral erythromycin (250 mg x4 daily for 2 week duration)

Secondary Syphilis

Background:

- Gram-Negative Spirochete: *Treponema pallidum*
- Congenital, Primary, Secondary, and tertiary forms

Clinical Presentation:

- **Rule of 3s**:
    - **~3 weeks** for **1^0 chancre** to develop after inoculation (painless, indurated ulcer w/ associated inguinal lymphadenopathy)
        - Range: 10-90 days
    - **Chancre** lasts ~**3 weeks**
    - **~3 weeks** (range 3-10 weeks) after **1^0 chancre** appearance, **2^0 syphilis rash develops**, lasting **3**-12 weeks = pityriasiform, papulosquamous rash
    - If untreated, latency period lasting months to years before tertiary syphilis appears w/ gummas, cardiovascular, and neurological changes

PEARL: Secondary Syphilis vs PR: How to tell the difference? 1) Lesions = **Darker copper color** compared salmon colored of PR 2) **NO** herald patch 3) Can affect **palms & soles** 4) Prodromal of fatigue, fever, and arthralgia as well as **generalized lymphadenopathy**, **moth eaten alopecia**, **condyloma lata lesions** in the **mouth** and **genitals**

Diagnosis:

- **Screen with + RPR** or **VDRL** → **FTA-abs** for confirmation
    - **RPR & VDRL correlate** w/ **disease activity** = helpful for assessing tx response. Repeat @ 6 & 12 months.
- **Biopsy**
- Chlamydia, gonorrhea, & HIV testing co-testing

Histology:

Acanthosis w/ **long thin "phallic" rete ridges**, **vacuolar interface** dermatitis, **neutrophils** in **stratum corneum**, **plasma** cells in **dermal infiltrate**

Treatment:

- **Benzathine Penicillin** IM x1 dose @ 2.4 million units
    - If penicillin **allergy** → **Doxycycline** 100 mg BID 14 days
    - Adverse effect: **Jarisch-Herxheimer rxn**-systemic inflammatory response occurring in **first 24 hrs after penicillin** tx. Presents w/ fever, headache, myalgias due to **body's inflammatory rxn** to **dead spirochetes**
    - Patient Education:
        - Safe sex practice
        - Sexual partners should be assessed and treated as well

Tinea Versicolor

Background:

- Caused by *Malassezia furfur & globosa*

Clinical Presentation:

- **Scattered**, **hypopigmented papules** and **patches** on **upper trunk** and **proximal extremities** w/ **scale**
- Occurs in sunny more humid climates when patients skin tends to be oilier

PEARL: Why are these lesions hypopigmented? Malassezia yeast digest oils on the skin into azelaic acid which inhibits melanocyte melanin production = no pigment. However, TV isn't always hypopigmented – it often appears that way because sun exposure tans the surrounding skin! W/o sun exposure, TV will be tan to red macules patches and plaques w/ scale.

Diagnosis:

- KOH Prep: "**Spaghetti & Meatballs**" = Hyphae and spores

Treatment:

- OTC **Selenium Sulfide** (Selsun Blue) or **zinc pyrithione** used as **body washes**. Keep on skin for >5 minutes prior to rinsing.
- **Topical Antifungals**: **Terbinafine**, **ciclopirox**, **ketoconazole** for 2 week course w/ ~80% cure rate
- Oral therapy fluconazole x2 300 mg one week apart
- Patient Education:
    - Recurrent nature of dz
    - Hypopigmented lesions can take months to repigment after tx
    - Maintenance therapy, especially during summer months using OTC body wash x1 every 2-4 weeks