



## LOCALISED PITYRIASIS ROSEA – A CASE REPORT

## Dermatology

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## ABSTRACT

Pityriasis rosea is a benign, acute, self-limiting papulosquamous disorder. Clinical diagnosis of the classical lesion is relatively simple. However, atypical presentations of pityriasis rosea pose diagnostic dilemma. Here we report a case of localized pityriasis rosea in a young adult female.

## KEYWORDS

Pityriasis rosea , atypical presentation

## INTRODUCTION

Pityriasis rosea of Gilbert known by various other names such as pityriasis circinata, roseola annulata, and herpes tonsurans maculosus. [1] Classical type is characterized by herald patch usually over the trunk or proximal extremity following which multiple small annular erythematous scaly plaques with peripheral collarette of scales and distributed with their long axis parallel to the ribs giving rise to Christmas tree appearance.

Atypical clinical presentations are common accounting to 20% cases.<sup>[2]</sup>

## CASE REPORT

A 25 year old female reported to our department with complaints of itchy erythematous scaly raised skin lesion over the left thigh for the past one month. Patient gave a history of previous treatment with emollients and antihistamines but the lesions continued to progress to involve the entire left thigh. There was no complaints of similar lesions anywhere else in the body. There was no history of fever, sore throat, drug intake prior to the onset of lesion.

On Dermatological examination , multiple erythematous scaly plaques of sizes varying from 0.5×0.5 cms to 1.5×1.5cms with peripheral collarette of scales present over the anterior aspect of left thigh .[ Figure 1&2 ] Hanging curtain sign was positive.

## DISCUSSION

Various etiopathological postulates have been proposed for PR like infective , non infective and vaccine related incidences. Infective causes may be viral , in which Human Herpes Virus 6,7 mainly or bacterial like Legionella , Chlamydia and Mycoplasma species . Non infective causes implicated are atopy<sup>[3]</sup> and autoimmunity.

Atypical morphologies and atypical sites of presentation have all been previously reported in various literatures. In addition to this, variations in course and symptoms have also been described. Two instances of localized PR have been described 1) a 44 year old female with a localized breast lesion<sup>[4]</sup> and 2) a child with a scalp lesion<sup>[5]</sup>. Such atypical presentations can be a challenge in arriving at a diagnosis. We will be aided in these situations by a biopsy of the lesion. On histopathological examination, epidermis shows focal parakeratosis, spongiosis and dermis showing edema, perivascular inflammatory infiltrate and extravasation of RBCs.

The disease has a self limiting course and hence treatment mainly involves reassuring the patient, topical emollients and mild corticosteroids may also be administered in case of pruritus ( 25% of cases ) along with antihistamines. Erythromycin and Acyclovir have also been studied in various trials where infective etiologies have been implicated.

## CONCLUSION

This case has been reported here for its rarity and atypical presentation.

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**CONFLICT OF INTEREST** – The authors declare that they have no conflict of interest.



**Figure 1 & 2 – A clinical picture showing multiple erythematous scaly plaques of varying sizes with a peripheral collarette of scales**

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