A case series of erythema multiforme-like pityriasis rosea

Sir,

Pityriasis rosea (PR) literally "rose-colored scale," was coined by the French physician Camille Melchoir Gibert in 1860. In temperate regions, it is more frequent during the winter months. In tropical areas, there may be seasonal variations. The cause of PR is uncertain, but many epidemiological and clinical features suggest the role of HHV 7 and 6. A history of herald patch and the distribution of lesions in "Christmas-tree" pattern helps in the diagnosis of typical PR. Sometimes it is difficult to mention clear distinguishing features between typical and atypical PR, so it is important not to ascribe any unusual dermatological eruption with PR unless other dermatoses have been excluded.[1-3] Here we report a case series of four patients presenting with erythema multiforme (EM)-like PR [Figures 1-6]. The salient features of the cases have been summarised in Table 1.

Histological examination in all the cases showed spongiosis, dense lymphocytic infiltration in the upper dermis around dilated blood vessels, and extravasated red blood cells [Figure 7].

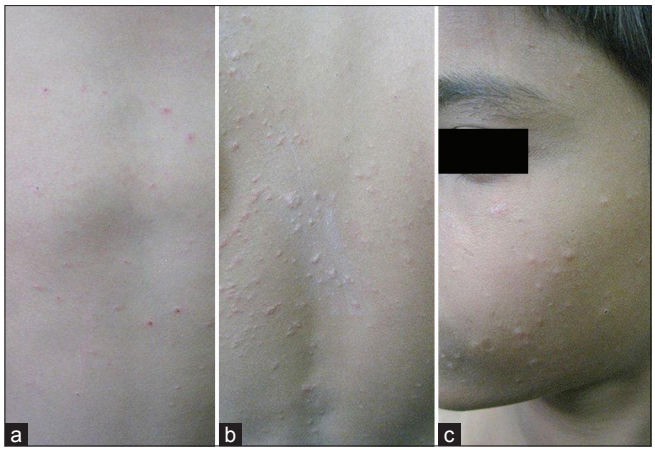

Figure 1: Papulosquamous, targetoid lesions affecting the trunk (1a and 1b) and face (1c): Case 1

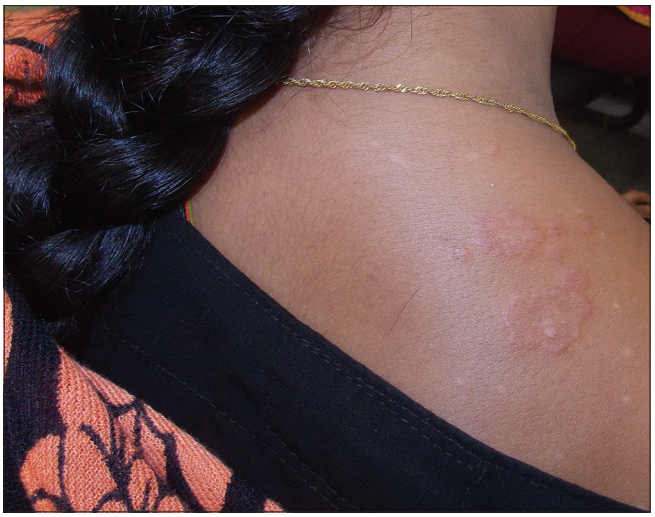

Figure 2: Herald patch: Case 2

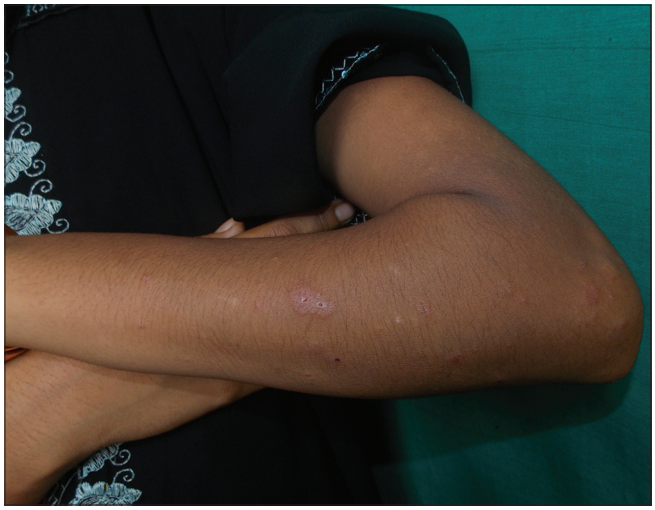

Figure 3: Plaques with peripheral collarette of scales, left arm, with central necrosis simulating EM: Case 2

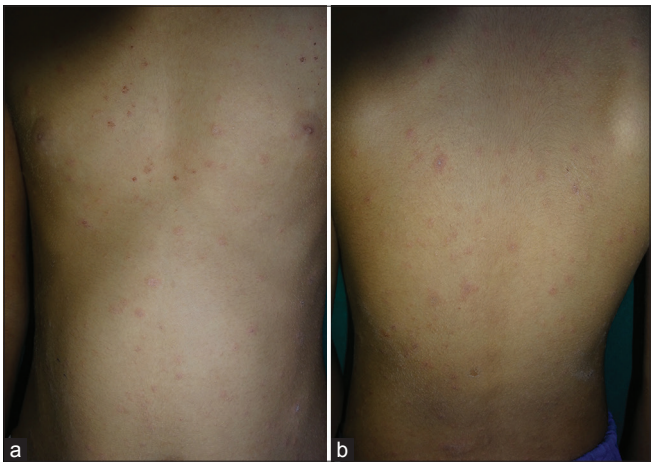

Figure 4: Targetoid papulosquamous lesions resembling EM on the anterior (4a) and posterior trunk (4b): Case 3

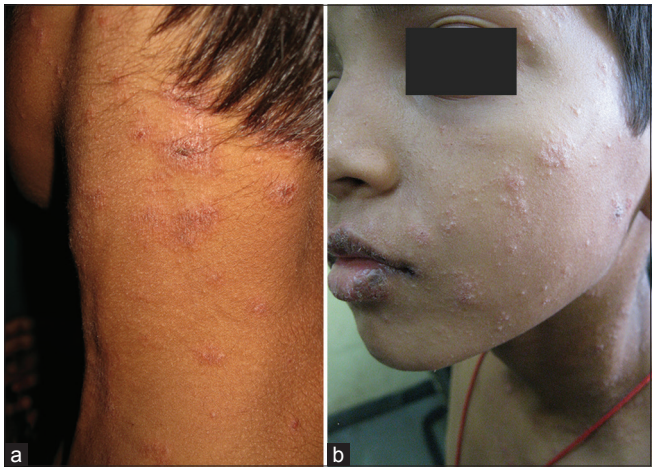

Figure 5: Papulosquamous lesions with peripheral collarette of scales admixed with targetoid lesions on neck (5a) and face (5b): Case 4

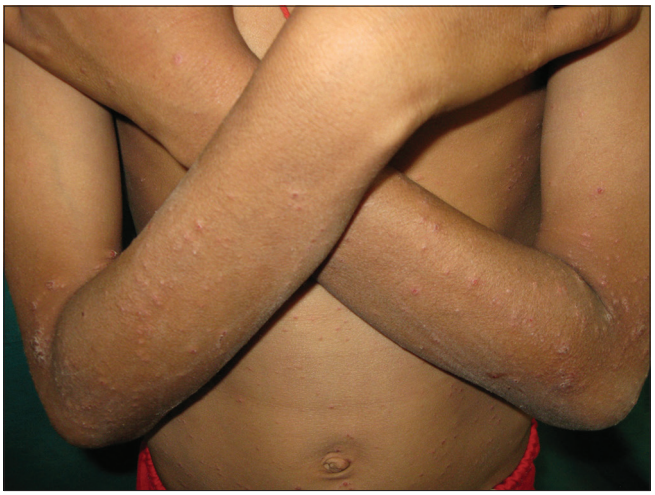

Figure 6: Papulosquamous lesions with fine scaling over the extensor aspect of both upper limbs: Case 4

In classic PR, patients usually describe the onset of a single lesion on the trunk (herald patch) followed by the onset of numerous small lesions over the trunk. Pruritus is severe in 25% of cases.

In a minority of patients flu-like symptoms have been reported. Herald patch is seen in 50%–90% cases and is usually located

Table 1: Summary of the history, clinical examination findings, investigations and treatment given for the four cases

Case history	Examination findings	Investigations	Treatment received
A male child with rashes (7 days). No history of drug intake. No history of fluid-filled lesions over skin or mucous membrane	Papules and plaques (0.3-1.5 cm), all over the body, more or less Christmas tree pattern sparing the limbs. Few targetoid lesions [Figure 1]. Dermatophytic and Herpes simplex infection absent	Complete blood count, C-reactive protein, Antistreptolysin-O titer, venereal disease research laboratory, throat swab culture, immunoglobin-M for HSV-1 and 2 were normal	Topical betamethasone (2 weeks). Good response
A lady with rashes (2 weeks) over trunk and upper limbs with moderate itching. History of a large lesion over right shoulder 2 weeks back. No history of drug intake or relevant sexual contact	Herald patch measuring 2.5 cm [Figure 2]. The lesions were largely annular plaque type, size ranging from 0.3 to 2.5 cm. Some showing peripheral collarette of scales, others showing central necrosis [Figure 3]	Blood parameters were normal. Scraping from lesions for KOH mount showed no fungal elements	Topical betamethasone twice daily with oral cetirizine (2 weeks). Responded well
A girl with sudden onset of itchy rashes (2 days). No drug history	No herald patch. Papules and plaques (0.3-1 cm) over chest, abdomen, upper and lower back. Erythema multiforme-like on the back [Figure 4]	Blood tests normal. Fungal growth absent	Betamethasone and levocetirizine. Complete resolution of lesions on 2 weeks of treatment
A child with sudden appearance of mildly pruritic rash (7 days). No history of drug intake or sore throat prior	Numerous erythematous papules and plaques, over face, neck, chest, and upper extremities. Few of them were targetoid [Figures 5 and 6]	Blood tests normal. Fungal growth absent	Betamethasone, emollient and levocetirizine. Complete resolution within 3 weeks

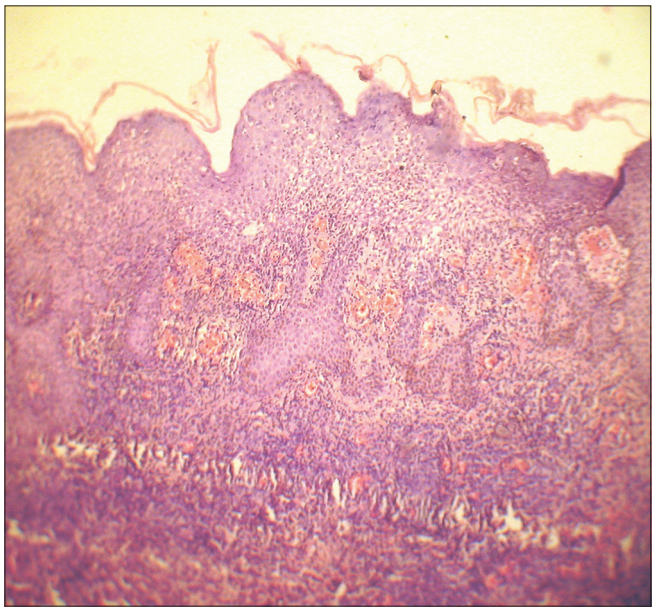

Figure 7: HPE (H and E stain, ×10) showing spongiosis, dense lymphocytic infiltration in the upper dermis around dilated blood vessels; some extravasated red blood cells may be seen

on the trunk, followed by the neck and proximal extremities. Small plaques are also found, with their long axes along lines of cleavage and distributed in a Christmas-tree pattern.

However, the clinical picture diverges from the classical one in 20% of the cases. The herald patch may be absent. Atypical morphologies include vesicular, purpuric, urticarial, generalized papular, lichenoid, erythrodermic, and EM-like.[4] HHV-6 and HHV-7 has been suggested as the implicating factors in their causation, although HHV-8 has also been reported as a possible causative agent.[5] Cases of atypical PR are rare and EM-like PR is still rarer.

The histopathological findings are largely nonspecific, although typical features include focal parakeratosis, hypogranulosis, acanthosis, spongiosis, papillary dermal edema, a perivascular and superficial dermal interstitial lymphohistiocytic infiltrate, and focal extravasation of erythrocytes. These features were appreciated on histopathological examination of the biopsies done from EM-like lesions of our patients. Other than these features, characteristic findings of EM, such as vacuolar degeneration of the basal layer or satellite cell necrosis, were absent. The atypical cases were first diagnosed clinically; subsequent histopathological examination confirmed the atypicality.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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