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DERMATOLOGIC THERAPY WILEY

CORRESPONDENCE

Reply to "the significance of investigating clinical, histopathologic and virological features in pityriasis rosea and pityriasis rosea-like eruptions following COVID-19 vaccinations" by Ciccarese G. et al.

Dear Editor,

We have read with great interest the correspondence entitled "The significance of investigating clinical, histopathologic and virological features in pityriasis rosea and pityriasis rosea-like eruptions following COVID-19 vaccinations" written by Ciccarese G. et al. regarding our article about Pityriasis rosea after Moderna mRNA-1273 vaccine.[1]

We agree with the comments made by colleagues, particularly that serology for HHV-6 and HHV-7 may be useful in order to distinguish among between Pityriasis Rosea (PR) and Pityriasis Rosea like eruption (PR-Like).

In addition, it has been recently showed that the onset time of PR-Like after vaccination is on average 7 days,[2] in our case series only one patient may be considered a PR-like while the other two patients presented the manifestations after 7 days getting more likely to a classic PR. Moreover, the morphology of the lesions with erythematous macules finely scaling, the classic distribution with involvement of the trunk and limbs (face spared) with lesions symmetrically localized on long axes along the cleavage lines led to a classic PR. Finally, another significant issue was the mean period of manifestations: PR in our case series lasted about 40 days. All these features just mentioned allowed us to lean toward a PR rather than a PR-like.[3]

Although serology may be helpful for diagnostic and epidemiological purposes, it was not performed in our case, since worldwide the diagnosis of PR is based on clinical and physical examination findings.[4]

We recently pointed out on PR linked to COVID-19 vaccination that may persist for more than 6–8 weeks and may be resistant to conventional therapies.[5] Regarding therapy management systemic antiviral therapy[6] may be useful in relapsing or persistent forms even if the only symptomatic therapy may be enough to manage the most cases.

After almost a year-and-a-half from the start of vaccination, there are now several studies[7] and case reports highlighting the various reactions that may occur after vaccination, in addition to PR, such as urticarial reactions, delayed local reactions, herpes zoster,[8,9] covid arm,[10] onset of de novo psoriasis[11] or lichen planus[12] or worsening of hidradenitis suppurativa[13–16] and atopic dermatitis.[17–19]

In conclusion, we agree with the authors that these post-vaccination reactions should not discourage the completion of the entire scheduled vaccination cycle.

KEYWORDS

Covid-19, hidradenitis suppurativa, lichen planus, Pityriasis rosea, psoriasis

CONFLICT OF INTEREST

None of the contributing authors has any conflict of interest, including specific financial interests or relationships and affiliation relevant to the subject matter or discussed materials in the manuscript. All authors equally contributed to the work.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

INFORMED CONSENT

Patient gave her informed consent for publication of her case.

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