

Pityriasis Rosea: Clinical Profile from Central India

Abstract

Background: Pityriasis rosea (PR) is a common, self-limiting dermatologic disorder. The information regarding the clinical profile of the disease in India is limited because of inadequate studies. **Materials and Methods:** A retrospective, record-based study on the clinical presentation of PR was conducted in a tertiary care center based in Central India. Data of all the patients presenting to our outpatient department from October 2014 to March 2015 with a clinical diagnosis of PR were analyzed. **Results:** The age of the patients ranged from 9 to 54 (mean-20.32) years. There was a male preponderance with a male-to-female ratio of 1.3:1. History of prodromal symptoms was present in 11 (27.5%) patients. Pruritus was a common symptom in 30 of 40 (75%) patients. Of 40 patients, 15 (35%) had herald patch. The morphology of skin lesions was typical in most of the patients (77.5%). Two (5%) patients had papular skin lesions, four (10%) patients had erythema multiforme-like skin lesions, and one patient each had papulovesicular, psoriasiform, and eczematous skin lesions. **Conclusion:** The clinical features of most of the cases were mostly in accordance with the classical pattern of PR, with few unusual features.

Keywords: *Epidemiology, India, pityriasis rosea*

Introduction

Pityriasis rosea (PR) is an acute self-limiting papulosquamous skin disorder of unknown etiology. Although PR is a common dermatologic disorder, information regarding the clinical profile of the disease in India is limited because of inadequate studies. The incidence and presentation of PR vary from one geographical region to another.

Materials and Methods

A retrospective, record-based study on the clinical presentation of PR was conducted in one of the tertiary care center in Central India. Data of all the patients presenting to our outpatient department from October 2014 to March 2015, with a clinical diagnosis of PR was analysed. History of illness regarding onset, evolution, duration, symptoms, systemic features, recurrence, and associated factors such as history of drug intake, along with clinical presentation, was recorded in the performa.

Results

The age of the patients with PR ranged from 9 to 54 (mean-20.32) years [Table 1].

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Incidence of PR was highest among patients of 21–30 years of age followed by 11–20 years of age. There was a male preponderance with male-to-female ratio of 1.3:1. The average interval of onset of lesions and presentation to physician was 20.4 days.

There was no significant drug history in any of the patients. History of prodromal symptoms was present in 11 (27.5%) patients. None of the patients had history of similar lesions in the past. There was no history of similar lesions in any of the family members of the patients.

Pruritus was a common symptom in 30 of 40 (75%) patients. Of 40 patients, 15 (35%) had herald patch. Most of the patients (38/40, 95%) had typical distribution of skin lesions involving trunk and proximal extremities, whereas one patient had skin lesions in segmental distribution on one side of the trunk and one patient had skin lesions confined to face and neck [Figure 1].

The morphology of skin lesions was typical in most of the patients (77.5%). Two (5%) patients had papular skin lesions [Figure 2], four (10%) patients had erythema multiforme (EM)-like skin lesions, and one

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patient each had papulovesicular, psoriasiform [Figure 3], and eczematous [Figure 4] skin lesions [Table 2].

All the patients were counseled regarding the benign nature of the disease and were given emollients. Symptomatic patients with itching were prescribed oral antihistaminics. The patients were followed up every 2 weeks. The skin lesions resolved in all the patients within a period of 2–6 weeks.

Discussion

PR is a common acute, self-limited skin eruption that typically begins as a single thin oval scaly plaque on the trunk (“herald patch”) and is typically asymptomatic. The initial lesion is followed several days to weeks later by the appearance of numerous similar-appearing smaller lesions located along the lines of cleavage of the trunk (a so-called Christmas tree pattern).

PR is a common disease reported in all races with an incidence of 6.8 per 1000 dermatological patients.^[1] Cutaneous adverse drug reaction profile from a tertiary care outpatient setting in Eastern India has reported an incidence of PR-like skin rash as 1.89% during the study period of 1 year.^[2]

The overall male-to-female ratio is 1:1.5.^[3] However, our study has shown a male preponderance. Ganguly in a

clinicoepidemiological study of PR from South India has also reported a male preponderance.^[4]

PR may occur in patients of all ages; however, approximately 75% of cases occur between the ages of 10 and 35 years.^[5] It is rare in both the very young (less than 2 years) and the elderly (more than 65 years).

Recurrences of PR are rare, which suggests lasting immunity after an initial episode of PR. In our study, none of the patients had history of similar lesions in the past.

Up to 69% of patients with PR have a prodromal illness before the herald patch appears.^[6] In our patients, only 27.5% patients had a history of prodromal symptoms. Pruritus is severe in 25% of patients with uncomplicated PR, slight to moderate in 50%, and absent in 15%. About 75% of patients in our study had associated pruritus. In a minority of patients, flu-like symptoms have been reported, including general malaise, headache, nausea, loss of appetite, fever, and arthralgias.

Table 1: Age distribution of the patients

Age group (years)	No. of patients (n=40)
11-20	14 (37.5%)
21-30	18 (45%)
31-40	4 (10%)
41-50	2 (5%)
51-60	1 (2.5%)

Table 2: Morphology of skin lesions of patients

Morphology of lesions	No. of patients (n=40)
Typical	31 (77.5%)
Papular	2 (5%)
Erythema multiforme-like	4 (10%)
Papulovesicular	1 (2.5%)
Psoriasiform	1 (2.5%)
Eczematous	1 (2.5%)



Figure 1: Pityriasis rosea lesions confined to head and neck in a 12-year-old male



Figure 2: Papular pityriasis rosea lesions over trunk in a 20-year-old male



Figure 3: Papulosquamous pityriasis rosea lesions over trunk in a 35-year-old male patient

A history of a herald patch and a few characteristic lesions in a “Christmas tree” pattern aid the diagnosis of typical PR. Herald patch is seen in 50%–90% of cases. In our study, only 35% had herald patch. Ganguly had observed herald patch in approximately 92% of patients of PR. In one series, only 17% of patients referred to a dermatology clinic reported a herald patch.^[7]

Atypical variants of PR are rare and occur in only 20% of cases. PR can be atypical with respect to morphology, size, distribution, number, site, and course of disease.^[8] The various atypical morphological types include vesicular, purpuric, urticarial, generalized papular, lichenoid, erythrodermic, and EM-like PR. In our study, we have also observed atypical morphology of lesions in 22.5% of patients, in accordance with the literature.

PR with EM-like lesions is a rarely reported variant. Only a handful of authors have reported this variant earlier.^[9-14] Sharma *et al.*^[13] have mentioned one patient with target type lesions in their clinicoepidemiological study on PR; more recently, Sinha *et al.*^[14] have reported EM-like lesions coexisting with papular PR lesions in an Indian patient. Also, Relhan *et al.* have reported a case series of five patients of PR with EM-like lesions in their observational analysis.^[15] Our study comprised four patients with EM-like lesions.

Facial involvement has been reported and occurs mainly in children.^[16,17] One of our patients, who had lesions confined to face and neck was a 12-year-old male child. Localized forms of the disease have also been reported involving certain body regions such as scalp, axillae, vulva, and groin and may also be localized to one side of the body.^[18] Only one patient in our study had PR lesions in segmental distribution localized to one side of the trunk.

Conclusion

The clinical features of the cases in this study were mostly in accordance with the classical pattern of PR. Few unusual



Figure 4: Eczematous pityriasis rosea lesions over right arm and trunk in a 16-year-old male patient

features were male predominance, absence of prodromal symptoms and herald patch in most of the cases. There are only a few studies from India so far. This is the first study of PR from Central India. We suggest that studies should be conducted from various parts of the country, to see the similarities and differences in the trend of epidemiology and presentation of PR in India.

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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Nil.

Conflicts of interest

There are no conflicts of interest.

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