

Pityriasis rosea in pregnancy

Pitiriasis rosada en la gestación

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Pregnant patient of 27 years of age and 23 weeks of gestation, went to the dermatology service for presenting pruritic lesions of 15 days of evolution that are centered at the torso level, she denies other discomforts. You find adequate prenatal check-ups. On preferential skin examination, multiple erythematous lesions with scaly collarette (Photo 1) predominantly chest, abdomen (Photo 2), back (Photo 3) and roots of the limbs plus a gravid uterus were found.

A biopsy was taken with the following results: Chronic dermatitis with focal hyperkeratosis, mild acanthosis, focal dyskeratosis, mild spongiosis, perivascular lymphocytic infiltrate in the papillary dermis, with the presence of some eosinophils, focal erythrocyte extravasation. The histological findings described are compatible with pityriasis rosea.

It was concluded with the clinic of the patient additionally with the pathological report that is a Pityriasis rosea in pregnant woman. The Gynecology service was informed for the appropriate monitoring of the pregnant woman; In addition, antihistamines and an emollient were given. At the end of this article, no pathology has been reported in the product of conception.

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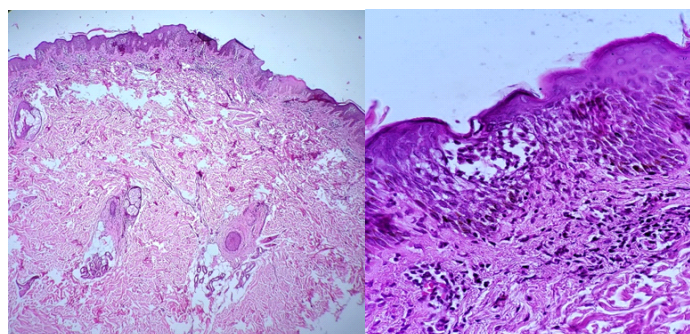
Photo 1



Photo 2



Photo 3



Biopsy

The Pityriasis rosea was described by the French physician Camile Gibert in 1860. It is an acute and self-limited skin disease characterized by erythematous-squamous lesions, where it appears preferably on the

trunk; a large plaque of 20 to 50 mm called heraldic patch; salmon-pink in color, with a lighter central area and fine peripheral scaling (1). After one to two weeks, a generalized rash appears characterized by papules and

patches that follow the lines of tension of the skin, in a Christmas tree pattern, which are usually confined to the trunk and proximal surfaces of the extremities, in almost the 90% of cases (2). The disease is related to the reactivation of human herpes virus 6 or 7; the lesions are pruritic in most cases and are self-limiting for up to 10 weeks on average.

The diagnosis is clinical, but in atypical cases a biopsy can be performed. Treatment can be expectant or give acyclovir, erythromycin, antihistamines, emollients, topical or systemic corticosteroids, depending on the physician's assessment.

The importance of the article lies, that despite being a benign disease, when it is associated with pregnancy; 36% of pregnant women had some unfavorable result in the product (fetal hypotonia, low birth weight, premature delivery), while 13% aborted; These complications are seen more when pregnant women start their symptoms during the first 15 weeks of gestation (57%) and the body involvement is greater than 50% (3,4). Therefore, in a pregnant woman with pityriasis rosea, a follow-up of the mother and the fetus is recommended every 3 or 4 weeks, including ultrasound.

Conflict of interests

The author declares that he has no conflict of interest.

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