PITYRIASIS ROTUNDA - REPORT OF THREE CASES

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Pityriasis rounda is a very rare disorder of keratinization. Here is a report of three such cases.

Key word: Pityriasis rotunda

Introduction

Pityriasis rotunda first described by Toyama in 1906, is a rare disorder of keratinization characterized by well dermarcated round or oval scaly patches of variable numbers and sizes.[1] This disease occurs in certain racial groups-mainly among Japanese, west Indian population and South African black population.[2-3] This is a rarely reported entity from India. Here is a report of three such cases.

Case Report

Case I- A girl of 8, presented with cutaneous lesions which appeared at the age of 2 years. Initially she developed hypopigmented patches on her abdomen, which conglomerated insidiously into a large scaly patch that covered the entire abdomen and extended to the upper part of both the thighs anteriorly (Fig.1). Two years after the appearance of the initial patch, two circular scaly patches appeared over the medial aspects of both arms almost simultaneously. Both the patches enlarged very slowly and extended upwards to involve both the axillae and downwards to the medial aspects of both the forearms. The lesions were asymptomatic. There was slight exacerbation in winter but it never cleared up in summer. Auspitz sign was regative. There was no palmopl- antar keratoderma, nor there was any nail change. There was no significant past or family history.

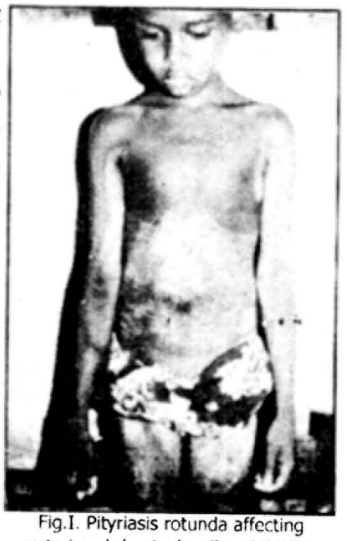

Fig.I. Pityriasis rotunda affecting anterior abdominal wall and thighs.

Case 2 and 3 - A girl of 10 years presented with circular slightly scaly patches on her right cheek since the age of 3 years. The lesions started as tiny patches which became slightly scaly later on and they coalesced into two large patches with irregular outline. Her mother who was 35 years of age had similar lesions

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on her right arm which developed in her childhood. The lesions increased in size slowly. A present there were around 10 irregularly oval scaly monomorphic patches on her right arm and forearm. The lesions were nonpruritic and they tended to improve slightly in summer and exacerbate in winter. Auspitz sign was negative. There was no palmoplantar keratoderma in both these cases. Both these patients were absolutely healthy otherwise. The parents and her only sister did not have any skin problem.

Routine blood count and biochemistry showed no abnormality in all three patients. Histological findings were similar in all three patients. There was not much finding in histology-except mild hyperkeratosis and acanthosis.

Discussion

Pityriasis rotunda is a rare disorder of keratinization and is classified in the ichthyosis group of disorders. Although the disease may run in families the exact mode of inheritance is not yet determined. This disease is common in certain ethnic populations like the Japanese, West Indians and South African blacks, although it may rarely affect white patients.[4] The disease affects both men and women. The usual age of onset is between 20 and 45 years. Duration of the disease varies from several months to more than 20 years. The disease starts as hypopigmented patches in whites and hyperpigmented patches in colored races, which tend to merge gradually giving a characteristic geometric appearance. Trunk and extremities are frequently involved,usually sparing the face. Ito and Tanaka reported that pityriasis rotunda may be associated with many systemic diseases like leukemia, myeloma, tuberculosis, leprosy, pulmonary and cardiac diseases.[5]

This is a report of 3 interesting cases of pityriasis rotunda, which is a rare entity in India. While the first patient occurred as a sporadic case in the family tree, the other two cases had a strong paternal link. While the face is usually spared the second case (the daughter) had lesions on her face.

References

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