

## PITYRIASIS ROTUNDA : (DISCOID ICHTHYOSIS)

\* K. RADHAKRISHNAMURTHY AND † C. RATNAKUMARI

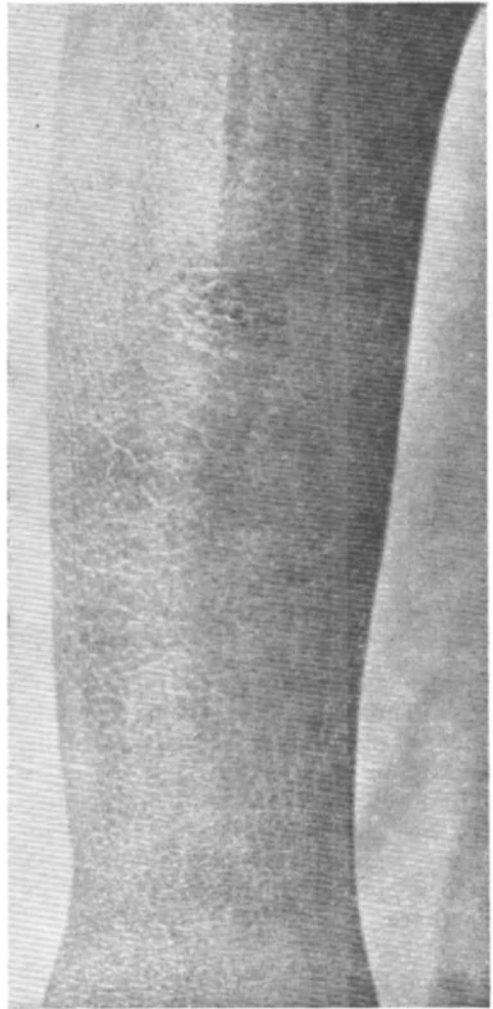
### Summary

A case of Pityriasis Rotunda is reported. It is the first case to be published in Indian Literature. A better morphological name "Discoid ichthyosis" is suggested.

Pityriasis Rotunda is a variety of acquired ichthyosis which is very rarely encountered. It shows perfect geometrical asymptomatic discs, round or oval, with seasonal remissions and exacerbations. It may persist for as many as 20 years. Common age incidence is between 20 and 45 years and could be seen in both sexes. This is the first case report in the Indian Literature so far.

### Case Report

A boy aged 8 years developed roughness over the upper and lower extremities when he was 5 years old. Few months later he developed an oval light brown patch on the lateral aspect of right leg. During that winter it became dark brown and rough with very clear margins. During the ensuing summer the margins became hazy and the surface relatively smooth and lighter in colour. The appearance of this lesion nearly 2½ years after its development could be seen in (Fig. 1) leaving only its trace. One year back he developed an exactly similar patch on the lateral aspect of left leg during winter (Fig. 2). On examination, the patch was oval in shape about 3" x 2" and dark brown in colour. It was rough. Skin over the other parts of the limbs showed



**Fig. 1**

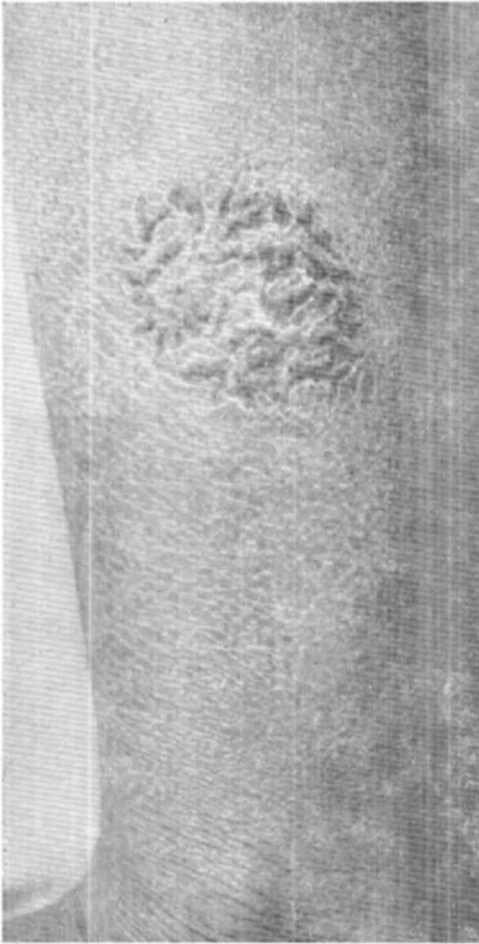
Lesion on right leg 2½ years after its onset showing remission

Lecturer in Dermatology

† Tutor in Dermatology,

Kakatiya Medical College, Warangal

Received for Publication on 12-2-1973



**Fig. 2**

Lesion on left leg of 1 year duration.

dryness and ichthyosis. Flexures are free. The scalp, face, trunk, genitals, mucous membrane of mouth, nails, palms and soles were normal. There were no obvious congenital anomalies. Though the child comes from a poor family, the general health was satisfactory but for an occasional fever or diarrhoea.

**Blood Picture.**—TC, DC & ESR are within normal limits.

Urine and motion are also within normal limits.

**Scrapings from Lesions:**—Negative for fungus.

**Histopathology:** (Fig. 3): There is hyperkeratosis and acanthosis with prominent granular layer. Some parakeratosis is also seen. Dermis shows mild inflammatory infiltrate. At one place there is Pseudoepitheliomatous hyperplasia.



**Fig. 3**

Skin Section showing Pseudo Epitheliomatous Hyperplasia.

**Treatment:**—(1) Arovit one tab. per day.

(2) Salicylic acid 12% ointment.

## Comments

The first detailed clinical description of this case was given by Toyama in Tokyo (1906) under the title Pityriasis Circinata. The name Pityriasis Rotunda was given by Matsura (1906). Subsequently as many as 200 cases were reported from Japan, which takes the pride of place for this bulk contribution to World literature. In Anglo-American Literature cases were reported by Sarkany and Hare<sup>1</sup>. Frequent occurrence of this condition in South African Bantu was reported by Findlay<sup>2</sup>. Two cases were reported from Manchuria. The first case in the area comprising United Arab Republic, North Africa and Middle East Countries was reported by Hassan El-Hefnawi and Ahmed Rasheed<sup>3</sup>.

The remarkable feature of this case is the development of two symptomless oval shaped discs one on each leg. Cases described in literature showed as many as 28 lesions in a single patient with varying sizes and with incidence on trunk also, Toyama<sup>4</sup>. In this case both the lesions were confined to legs only, but in view of the reported long period of disease (i.e. 20 years), it is quite possible he may develop more lesions as years pass by. Another noteworthy feature is the spontaneous remission of a lesion (Fig. 1) as described in other cases, Ito and Tanaka<sup>5</sup>. These cases were reported to have some relation to internal disorders like Tuberculosis, Diseases of Uterus and Ovaries, Ito and Tanaka<sup>5</sup>. It would be difficult

to venture any such relationship in this case where the general condition was satisfactory and more so in a disease reported to show spontaneous remissions and exacerbations. The histopathology is not distinct but like that of any other Keratosis in general. The significance or otherwise of Pseudo-epitheliomatous hyperplasia is yet to be evaluated. The seasonal exacerbation, surrounding ichthyotic dry skin, freedom of flexures and the histopathology supports the view of Ito and Tanaka that it is an ichthyosis of a special acquired variety.

The original name Pityriasis Circinata was changed to Pityriasis Rotunda. The name "Pseudo-Ichtyose Acquisée en taches Circulaires" was proposed on the basis of histological and morphological findings by Ito and Tanaka<sup>5</sup>. But it would appear that the condition is essentially a morphological entity showing not only round but also oval discs. A circumscribed disc-like margin being common to both round and oval lesions, it would not be out of place to think it as a "Discoïd Ichthyosis" a term which embraces both the morphological types rather than other terminologies which indicate only the round type of disc.

## Acknowledgment

Our thanks are due to Dr. H. C. Tandan, Principal, Kakatiya Medical College and Dr K. R. Prasada Rao, Superintendent, M. G. M. Hospital for their encouragement and having permitted us to publish the case.

## REFERENCES

1. Sarkany I and Hare PJ : Pityriasis Rotunda (Pityriasis Circinata), Brit J Derm 76 : 223, 1964.
2. Findlay GH : Pityriasis Rotunda in the South African Bantu, Brit J Derm, 77 : 66, 1965.
3. Hassan El-Hefnawi and Ahmed Rasheed : Pityriasis Rotunda, Arch Derm 93:84, 1966.
4. Toyama T : Über eine bisher noch nicht beschriebene Dermatose : "Pityriasis Circinata", Arch Derm Syph, 116 : 243, 1913.
5. Ito M and Tanaka T : Pseudo-Ichtyose acquise en taches circulaires, "Pityriasis Circinata Toyama", Ann Derm Syph, 87 : 26, 1960.