Annular scaly plaques in a girl

A 13-year-old female, born of nonconsanguineous marriage presented with complaints of sudden onset of multiple red raised circular lesions on the trunk of 8 days duration associated with mild itching. There was no history of preceding upper respiratory tract infection, febrile illness or drug intake.

Cutaneous examination revealed multiple erythematous annular scaly plaques with central hyperpigmentation, and raised margins on the upper back [Figure 1], upper chest [Figure 2] and trunk [Figure 3]. A single large plaque was also present on the right side of the neck extending to the shoulder. There was no evidence of regional or generalized lymphadenopathy.

Skin biopsy showed parakeratotic stratum corneum overlying severely spongiotic epidermis with upper dermal edema and superficial perivascular mixed inflammatory infiltrate consisting of mononuclear cells and neutrophils with extravasated red blood cells in the dermis [Figures 4 and 5].

Laboratory investigations including enzyme-linked immunosorbent assay for human immunodeficiency virus (HIV) and Venereal Disease Research Laboratory test did not reveal any abnormality.

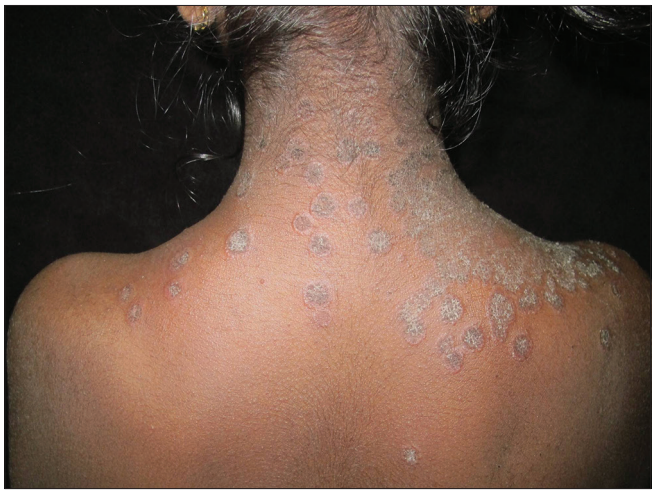

Figure 1: Multiple erythematous annular scaly plaques with central hyperpigmentation and raised margins on upper back

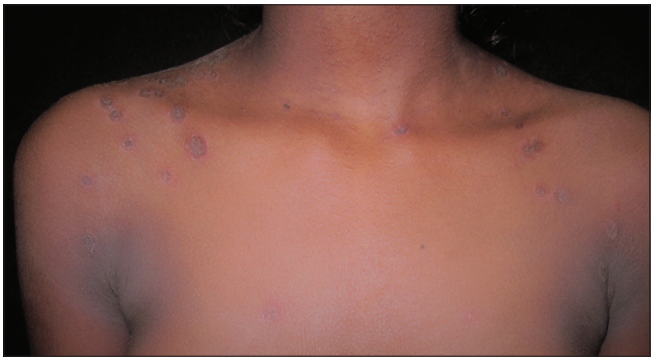

Figure 2: Erythematous annular scaly plaques on shoulders and chest

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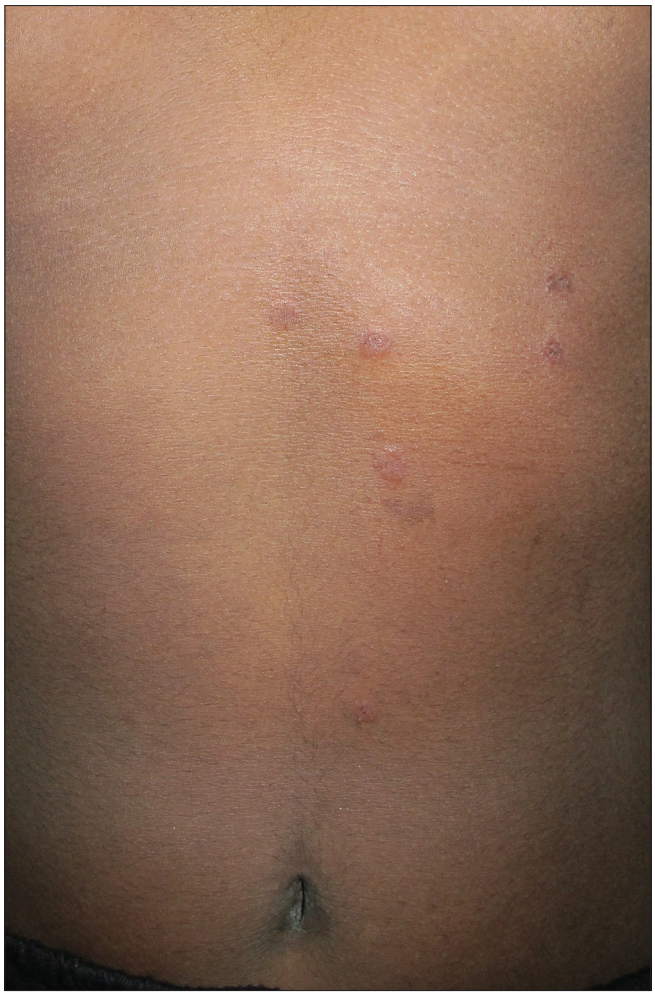

Figure 3: Erythematous annular scaly plaques on the trunk

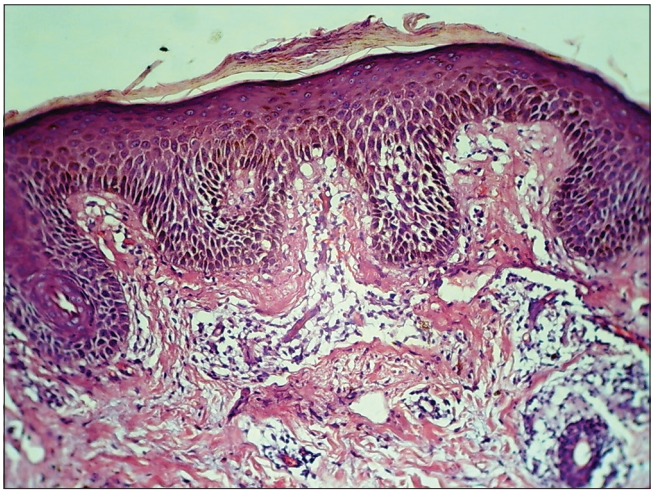

Figure 4: Parakeratosis, spongiosis with upper dermal edema and superficial perivascular mixed inflammatory infiltrate in the dermis (H and E, ×100)

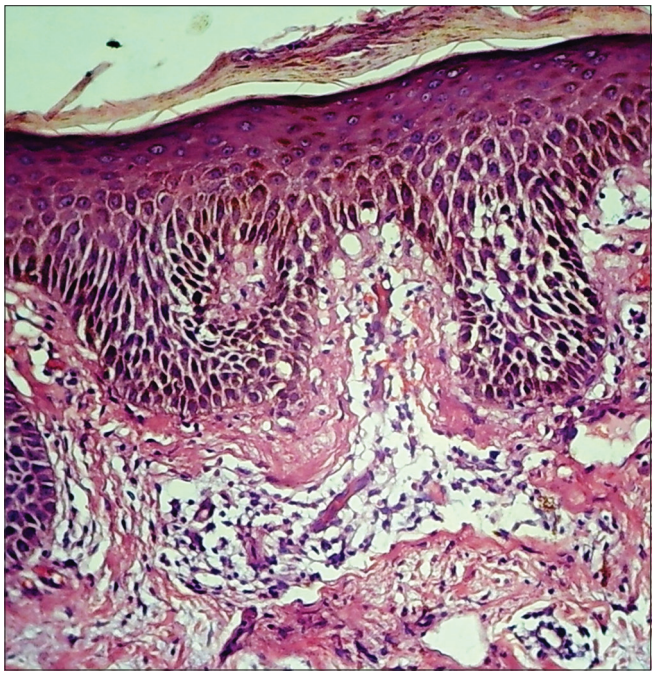

Figure 5: Marked spongiosis, dermal edema and dilated blood vessels in dermis with extravasated red blood cells (H and E, ×400)

Answer

Pityriasis rosea.

Pityriasis rosea is an acute, common, self-limiting, papulosquamous disorder localized to the trunk and extremities of children and young adults. It is characterized by the initial eruption of a herald patch (mother patch), which is followed by generalized scaly oval eruptions typically on the trunk and proximal extremities along the Langer's lines of cleavage, giving the characteristic "Christmas tree appearance". Approximately 20% of patients with pityriasis rosea may present with atypical clinical presentations.[1,2] Atypical features include atypical morphology of rash, size of lesions, number of lesions, distribution, mucosal involvement, symmetry, disease duration and severity of symptoms. Indian children are more likely to present with atypical pityriasis rosea than Indian adults, atopic background being possibly facilitative.[3] Although no etiology has been proven, viral agents, especially human herpes virus 6 and 7, autoimmunity, several drugs and psychogenic status have been proposed as possible etiological factors.[1,2,4]

Atypical variants can be differentiated by size (pityriasis rosea gigantea of Darier, papular pityriasis rosea), distribution (cephalic pityriasis rosea, inverse pityriasis rosea, unilateralis pityriasis rosea, localized pityriasis rosea and pityriasis circinata et marginata of Vidal), sites involved (face, scalp, hands and feet, fingers, toes, eyelids, penis and oral cavity), severity (pityriasis rosea irritata with severe itch, pain and a burning sensation), course of the lesions (relapse, recurrent pityriasis rosea, annual relapse) and morphology (generalized papular, vesicular, purpuric or hemorrhagic,[5] urticarial, pustular and erythema multiforme like pityriasis rosea).[1,4,6]

There have been several case reports in the literature describing the clinical features of variants of pityriasis rosea but plaques with prominent scaling and large annular morphology is not a commonly reported variant.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given her consent for her images and other clinical information to be reported in the journal. The patient understand that name and initials will not be published and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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