

TRANSIENT ACANTHOLYTIC DERMATOSIS

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A 53-years-old male developed pruritic, papular, vesicular and papulovesicular rash on trunk and proximal limbs. Patient gave history of excessive sun exposure. Histopathology revealed intra-epidermal clefts at various levels with acantholytic and few dyskeratotic cells. This case of transient acantholytic dermatosis (TAD) was treated in 6 weeks with 150 mg dapsone daily, antihistaminics and topical steroids.

Key Words : Acantholysis, Dyskeratosis.

Introduction

Self limited unique, pruritic, discrete, papulovesicular, primary acantholytic dermatosis were reported in 6 patients.¹ Usually onset was acute and there was no previous or family history of skin disease. Excessive exposure to sunrays may initiate TAD. Histopathologically TAD simulated Darier's/Hailey-Hailey disease or Pemphigus foliaceus.^{2,3} Duration was less than 2 months with mean age of 53 years and longer with mean age of 63 years. A case of persistent acantholytic dermatosis with more than 3 years duration was reported.² TAD was differentiated from other papular acantholytic and dyskeratotic disorders.^{4,5} A case of juvenile persistent acantholytic dermatosis was reported in Indian literature.⁶

Case Report

One 53-years-old male had intensely pruritic, widespread eruption of discrete erythematous papules, papulovesicles, tense vesicles with crusting on abdomen, back, thighs, shoulders, lower legs and upper limbs since 6 weeks. Patient had excessive sunrays

exposure. There was no previous or family history of skin disease. Routine investigations were within normal limits. Histopathologically, intraepidermal acantholysis was seen in different areas (Fig 1). Dapsone 150 mg daily with antihistaminics and topical steroids cured the dermatosis in 6 week. Patient had no relapse during 4 month follow-up.



Fig. 1. Intraepidermal splits at various levels i.e. subcorneal, midepidermal and suprabasal with few acantholytic and occasional dyskeratotic cells.

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Comments

Clinical diagnosis of TAD was made after excluding papular urticaria, miliaria rubra, scabies, pityriosisporum folliculities and it was confirmed histopathologically. Dapsone was effective as appearance of new lesions was arrested by 10 days therapy.

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