INDIAN J DERMATOL VENEREOL LEPROL 1988; 54 : 140-141

ORAL LESIONS IN PITYRIASIS ROSEA

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One hundred patients having pityriasis rosea were examined for oral lesions. Only one case showed a small ulcer in the buccal mucosa, which resolved concomitantly with the skin lesions within 3 weeks.

Key words : Pityriasis rosea, Oral ulcer.

Oral lesions have been reported to occur in a small proportion of patients having pityriasis rosea.[1-5] Various types of oral lesions like annular, erythematous lesions on buccal mucosa resembling skin lesions,[1] ulcers over tongue,[2] solitary pin-head size deep red haemorrhagic macules on the buccal mucosa near the true molars,[3] pea-sized erosions on the palate, buccal mucosa, tongue and floor of the mouth,[4] and aphthous ulcer-like lesions on the buccal mucosa, palate and tongue[5] have been reported. We looked for oral lesions in 100 patients having pityriasis rosea and found a single ulcer surrounded by a thin rim of erythema over the buccal mucosa in one patient only.

Cese Report

A 23-year-old male patient developed an asymptomatic skin eruption over the trunk of 6 days duration. There was no history of penile sore or intake of any drug. The skin lesions were numerous, oblong plaques on the trunk along the lines of ribs, having mild scaling at the periphery. The size varied from 0.5-1.5 cm. There was no herald patch. Lymph nodes were normal. Oral examination in this patient showed a small superficial ulcer in the buccal mucosa about 2 mm in size and surrounded by an areola of erythema. Dental check-up was normal. There was no history of previous oral ulcers or trauma of any kind. KOH preparations from the skin lesion and the oral ulcer were negative for fungus and candida. Other relevant investigations were within normal limits. Histopathology of a plaque on the right side of the chest showed mild hyperkeratosis with focal parakeratosis, mild acanthosis with focal spongiosis and scanty infiltration of lymphocytes in the dermis specially around the blood vessels. The mucosal lesions also showed non-specific changes on histopathology.

Local applications of boro-glycerine for the oral ulcer and calamine lotion for skin lesions led to disappearance of both the mucosal and the skin lesions simultaneously over a period of 3 weeks. There was no recurrence during a further follow-up of four months.

Comments

Oral lesions in pityriasis rosea are not commonly reported. Guequierre [1] reported a case having pityriasis rosea with an asymptomatic lesion on her buccal mucosa resembling the skin lesion. The mucous membrane lesions are usually over-looked as these are asymptomatic. Appearance of the lesions with the onset of skin eruption and their clearance with the remission, probably prove them to be of the same aetiology. The present study was undertaken to see the incidence and clinical spectrum of the oral lesions in pityriasis rosea. We observed a single small ulcer in one case

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out of 100 cases. Jacyk[6] found oral lesions in 9 percent of the patients.

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