



INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

PRURITIC DERMATOSIS WITH A POSTINFLAMMATORY RETICULAR NET-LIKE HYPERPIGMENTATION

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Background: Prurigo pigmentosa is a rare acquired inflammatory dermatosis characterized by pruritic, erythematous and urticarial papules and papulovesicles arranged in a reticular pattern on the chest and back. Lesions usually resolve in days or weeks. Etiology is unknown but has been associated with weight loss and ketogenic diets. There are distinct histopathological features for the early, developed, and late lesions in this disease. Treatment during the inflammatory phase includes systemic antibiotics, including minocycline, doxycycline, or dapsone.

Observation: A 27-year-old Caucasian female presented with a one-month history of an erythematous, pruritic eruption on the chest and back. She endorsed recent cocaine use and a diet consisting of catnip, chamomile tea and cashews. Previous treatment with topical and oral corticosteroids was unsuccessful. On exam, the patient had numerous red-orange, papules with fine collarettes of scale arranged in a faintly reticular pattern on the upper back and mid chest. The patient was otherwise healthy and had a negative review of systems. Initial differential diagnoses included confluent and reticulated papillomatosis, Darier's disease, subacute cutaneous lupus, pityriasis rubra pilaris, and seborrheic dermatitis. Shave biopsy revealed acute spongiotic and lichenoid dermatitis with eosinophils. Labs including HIV, HCV, syphilis, HSV, CBC, ANA, anti-SSA, anti-SSB, anti-RNA, anti-Smith, and anti-SCL70 were normal. Repeat shave biopsy results were unchanged from the first and direct immunofluorescence was nondiagnostic. She was started on minocycline and returned two weeks later drastically improved.

Key Message: Prurigo pigmentosa is a rare pruritic eruption with a rising incidence in the Western countries. The condition responds well to tetracycline antibiotics and dapsone. Characteristically, as the eruption resolves, it leaves behind reticulated hyperpigmentation. The prognosis is excellent, but recurrences are common and may occur months or years after initial presentation. The diagnosis requires a high index of suspicion, and the clinicopathological correlation is imperative in making the diagnosis.

