PAEDIATRIC DERMATOLOGY

PITYRIASIS RUBRA PILARIS: THREE PEDIATRIC CASES

K Ameur [1] - Y Soua [1] - H Belhadjali [1] - M Lahouel [1] - M Korbi [1] - M Youssef [1] - J Zili [1]

Fattouma Bourguiba University Hospital, Dermatology, Monastir, Tunisia [1]

Background: Pityriasis rubra pilaris (PRP) is a chronic inflammatory dermatosis that is rare in pediatrics patients. We present three cases of infantile PRP.

Observations: Observation 1: A 17-year-old child presented for a one-year history of scaly erythematous plaques of the trunk and upper limbs associated with scaly lesions of the scalp. Histopathological examination confirmed the diagnosis of PRP. He was treated with topical dermocorticoid and keratolytic with improvement.
Observation 2: A 10-year-old girl consulted for asymptomatic scaly plaques of both elbows with keratotic follicular papules of the upper limbs evolving for 4 years. PRP was suspected and confirmed by a skin biopsy. PRP was successfully controlled with topical Keratolytic and corticosteroids.
Observation 3: A 15-year-old child consulted for papular follicular lesions of both arms and face, which had been evolving for a few months. The diagnosis of PRP was confirmed by a skin biopsy. The patient was treated with keratolytics with improvement.

Key message: PRP is a heterogeneous skin disease that is relatively uncommon in children. It is characterized by reddish-orange scaly plaques, palmoplantar keratoderma, and keratotic follicular papules. Five types of PRP were classified by Griffith. Type III is the classic juvenile form of PRP, type IV is the juvenile circumscribed form and type V is the atypical juvenile form. Our three patients had the type IV. None of our patients had had orange-like palmoplantar keratoderma. The etiology of PRP is poorly understood. PRP diagnosis is based on clinical features confirmed by typical histopathological findings. The type IV had an unpredictable course. It may resolve within a year or become chronic. There are no treatments that are universally effective for PRP. In pediatric patients, topical treatments including emollients, keratolytics, topical corticosteroids, vitamin D derivatives and retinoic acid are usually preferred. Topical treatment showed efficacy in our three patients.