



PAEDIATRIC DERMATOLOGY

STRESS-INDUCED ERYTHRODERMA IN THE COURSE OF CLASSICAL JUVENILE PITYRIASIS RUBRA PILARIS IN 7-YEAR-OLD FEMALE

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Background: Pityriasis rubra pilaris (PRP) is an uncommon clinically heterogeneous skin disease. PRP occurs equally in men and women and has a bimodal age distribution with typical onset during the first and fifth decades. Although etiology is unknown, it may occur in the setting of viral infection, trauma, associated autoimmune diseases, malignancies and drugs. Emotional stress has been reported as an important triggering factor among children. Classical juvenile onset PRP is characterized by cephalocaudal spread of erythroderma, palmoplantar keratoderma and follicular hyperkeratosis. Rarely PRP type III can take erythrodermic form.

Observation: A 7-year-old girl was referred to our institution for a diagnostic evaluation of skin lesions with a 3-months history. The skin lesions clinically appeared as generalised erythroderma. Physical examination revealed pityriasiform scale of the scalp, confluent areas of erythema on the trunk, follicular hyperkeratotic papules within reddish-orange erythematous plaques distributed on the legs and waxy palmoplantar keratoderma. 4 months before hospitalisation the patient began primary school where she developed anxiety, aggressiveness and social isolation due to rejection by friends in her class. Laboratory investigations revealed mild eosinophilia (1000/ul) and high serum immunoglobulin E level (1100IU/ml). The image of lesional punch biopsy corresponded to the clinical diagnosis of type III PRP. The patient was treated with oral acitretin 10 mg daily (approximately 0,3 mg/kg) and topical 10% urea ointment (hands and feet). The duration of acitretin therapy was 3 months. The papules and plaques resolved within few weeks with residual hyperpigmentation

Key message: We present an unusual case report showing that in pediatric population emotional stress can be the isolated trigger for the occurrence of PRP. PRP can be often difficult to recognize even for experienced dermatologists. It is essential to look for characteristic features such as diffuse salmon-colored plaques with characteristic islands of sparing and hyperkeratotic papules.

