PRURITUS

MANAGEMENT OF SKIN DISEASE IN PREGNANCY

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Complex endocrinologic, immunologic, metabolic and vascular changes in pregnancy may lead to various skin changes that may be categorized within three groups: In addition to physiologic skin changes and changes in the course of pre-existing skin diseases, specific dermatoses of pregnancy may occur.
These represent a heterogeneous group of severely pruritic inflammatory skin diseases related to pregnancy and/or the immediate postpartum period. For decades, confusing terminology has complicated their management that could be simplified in the past. The most recent classification includes the following four diseases: pemphigoid (herpes) gestationis (PG), polymorphic eruption of pregnancy (PEP; synonymous with pruritic urticarial papules and plaques of pregnancy, PUPPP), intrahepatic cholestasis of pregnancy (ICP), and atopic eruption of pregnancy. While some dermatoses, such as PEP and AEP, are distressing only to the mother because of severe pruritus, PG may be associated with small-for-date babies and early gestation, and ICP poses an increased risk for fetal distress, prematurity, and stillbirth.
Pruritus is the leading symptom in all four diseases and should never be neglected during pregnancy but always lead to an exact work-up of the patient. The characteristic constellation of history and clinical parameters, in particular timing of onset, morphology and localization of skin lesions may help in diagnosing the condition at the initial visit. In the case of PG and ICP, diagnostic tests such as specific immunofluorescence and laboratory findings can then confirm the diagnosis. While corticosteroids and antihistamines are used to treat PG, PEP and AEP, ICP should be treated specifically with ursodeoxycholic acid.
This presentation will focus on the classification of pregnancy dermatoses, discuss the four entities in detail, and present a practical algorithm to facilitate the management of the pregnant patient presenting with a pruritic skin condition.