Letter to the Editor
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An unusual variant: Photo-distributed pityriasis rosea

Sıradışı bir varyant: Fotodistribüsyon gösteren pitiriazis rosea

Defne Başkurt, Pelin Ertop Doğan*, Seçil Vural**

Koç University Faculty of Medicine, İstanbul, Türkiye
***Zonguldak Bülent Ecevit University Hospital, Clinic of Dermatology, Zonguldak, Türkiye**
****Koç University Faculty of Medicine, Department of Dermatology, İstanbul, Türkiye**

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To Editor,

Pityriasis rosea (PR) is a self-limiting papulosquamous rash mostly seen in young people. Although some viral etiologies have been implicated such as HHV-6 and HHV-7, the exact mechanism of disease is unknown. The classical presentation includes a herald patch, a large, erythematous eruption usually found on the trunk, followed by a widespread distribution of scaly lesions. Many conditions, including nummular eczema, viral exanthems, and tinea corporis may mimic PR, and in the presence of atypical variants, the diagnosis may be difficult[1]. Here, we report a case of an atypical PR rash, where the lesions only appeared on tanned and sunburnt skin.

A 22-year-old otherwise healthy male presented to the dermatology outpatient clinic with mildly pruritic macular eruptions on the trunk, distributed to sun-burnt areas. Before the onset of these secondary lesions, he had mild erythema on sun-exposed areas with long sun exposure without sunscreen use. The initial lesion appeared on the chest as an oval, erythematous area with marginal squamation, resembling a herald patch with a collarette sign (Figure 1a). Two weeks later, multiple erythematous and scaly lesions developed on the tanned shoulders sparing the sun-protected areas in the back (Figure 1b). The lesions were small, pinkish red in color, and were not painful. Areas not exposed to sun, including the palms of hands and soles of feet, were lesion-free. Complete blood cell count, urinalysis, and serologic tests of the patient including syphilis serologies revealed no abnormalities. Although no skin biopsy was performed, the presence of a herald patch and the following eruptions favor the clinical diagnosis of PR. The patient was started on oral-systemic acyclovir for one week. After one month, the skin lesions had resolved entirely.

This clinical picture demonstrates an atypical morphology on sun-exposed skin in PR, where the UV radiation from unprotected sun exposure seems to be the primary trigger. The beneficial effects of UVB light on PR lesions have been previously discussed, and although the therapeutic mechanism remains unknown, it has been suggested as an alternative treatment method for these lesions[1]. In addition, the photo-sparing phenomenon was observed in a few cases in PR in the past[2]. However, in our case, the lesions were exclusively localized to areas of sunburn and were exacerbated after UV light exposure. PR is a Koebner-positive disease, and acute inflammatory infiltration and vasodilation on sun-exposed skin may have a role in the development of photo-distributed lesions[3]. Reports of PR developing as

Address for Correspondence/Yazışma Adresi: Seçil Vural MD, Koç University Faculty of Medicine, Department of Dermatology, İstanbul, Türkiye
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ORCID: orcid.org/0000-0001-6561-196X

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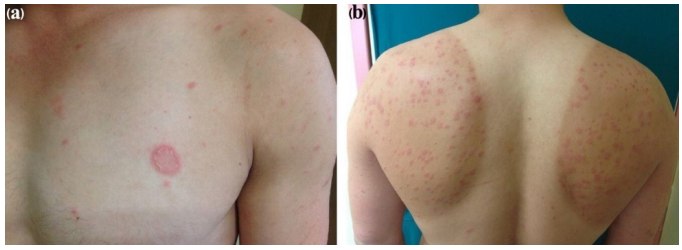

Figure 1. Clinical image of patient showing **(a)** herald patch on chest and **(b)** erythematous eruptions on tanned skin

an isotopic response secondary to herpes zoster[4] and leprosy[5] also exist and sunburn scars due to UV damage may have created an immunocompromised district for atypical PR lesions to develop. To our knowledge, no reports of PR secondary to sunburns as Wolf's isotopic response exist. Although the distribution of lesions in this case was atypical, the presence of a herald patch provided a clue for the correct diagnosis. It is essential to recognize the atypical morphologies in PR to avoid unnecessary diagnostic tests.

Ethics

Informed Consent: It was obtained.

Peer-review: Externally peer-reviewed.

Authorship Contributions

Surgical and Medical Practices: D.B., P.E.D., S.V., Concept: D.B., P.E.D., S.V., Design: D.B., P.E.D., S.V., Data Collection or Processing: D.B., P.E.D., S.V., Analysis or Interpretation: D.B., P.E.D., S.V., Literature Search: D.B., P.E.D., S.V., Writing: D.B., P.E.D., S.V.

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