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Unilateral pityriasis rosea in a child

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Abstract

Background: Various atypical variants of pityriasis rosea were published in the literature. There are very few reports abour pityriasis rosea being unilateral.

Main observations: We present a female child who presented with acute onset of scaly eruptions clinically consistent with a diagnosis of pityriasis rosea, affecting only one side of the body involving waist, thigh, forearm and leg on right side.

Conclusions: It is extremely unusual for pityriasis rosea to present the eruptions only on one side of the body. This case is presented here for its rarity in clinical practice.

Introduction

Pityriasis Rosea (PR) is a self-limiting papulo-squamous disorder characterized in its typical form by sudden onset of a larger scaly plaque (herald plaque), followed by multiple, bilateral smaller scaly lesions of oval or round shape which follow Langer's lines of cleavage on the trunk and proximal parts of extremities.[1] However, not all patients of PR present with typical morphology and distribution. Such cases are denoted as atypical PR.[2,3] We have recently reported various unusual variants including segmental[4], acral[5], giant[6], PR with minimal eruptions[7] and limb-girdle (PR of Vidal) pityriasis versicolor.[8] In this report, we describe a young female child with PR affecting only one side of the body.

Case presentation

A 3-year-old girl suffered two weeks ago, from an episode of coryza and mild fever for three days, for which no treatment was sought and the child recovered uneventfully. Following this instance, her mother noticed a mildly pruritic scaly eruption on the right waist of the child. Two new smaller scaly plaques appeared within one week on the antero-lateral right thigh, near to the initial eruption. These lesions did not subside with clotrimazole cream prescribed for one week by the family practitioner. There was no past or family history atopic dermatitis or eczema.

Fresh lesions of somewhat similar morphology but smaller in size than the most initial one were noted on the child's right lower back, gluteal area, arm and forearm, by the anxious mother, marked by ball-point pen (Fig. 1). So, a dermatological consultation was sought. It was striking to see that all the lesions were located on right side of body involving upper and lower extremities. Palmoplantar and mucosal surfaces and systemic examination were not involved.

Skin scrapings were negative for dermatophytes. Blood counts were normal. VDRL test was negative. Blood sugar and urinalysis were normal. Patents gave no consent for skin biopsy.

With a tentative diagnosis of pityriasis rosea, she was treated with topical 1% hydrocortisone cream and cetrizine syrup 5mg daily. There was complete resolution within one week leaving slight post-inflammatory hyperpigmentation. On following this child for next six months, there was no recurrence of cutaneous lesions and the child remained absolutely healthy.

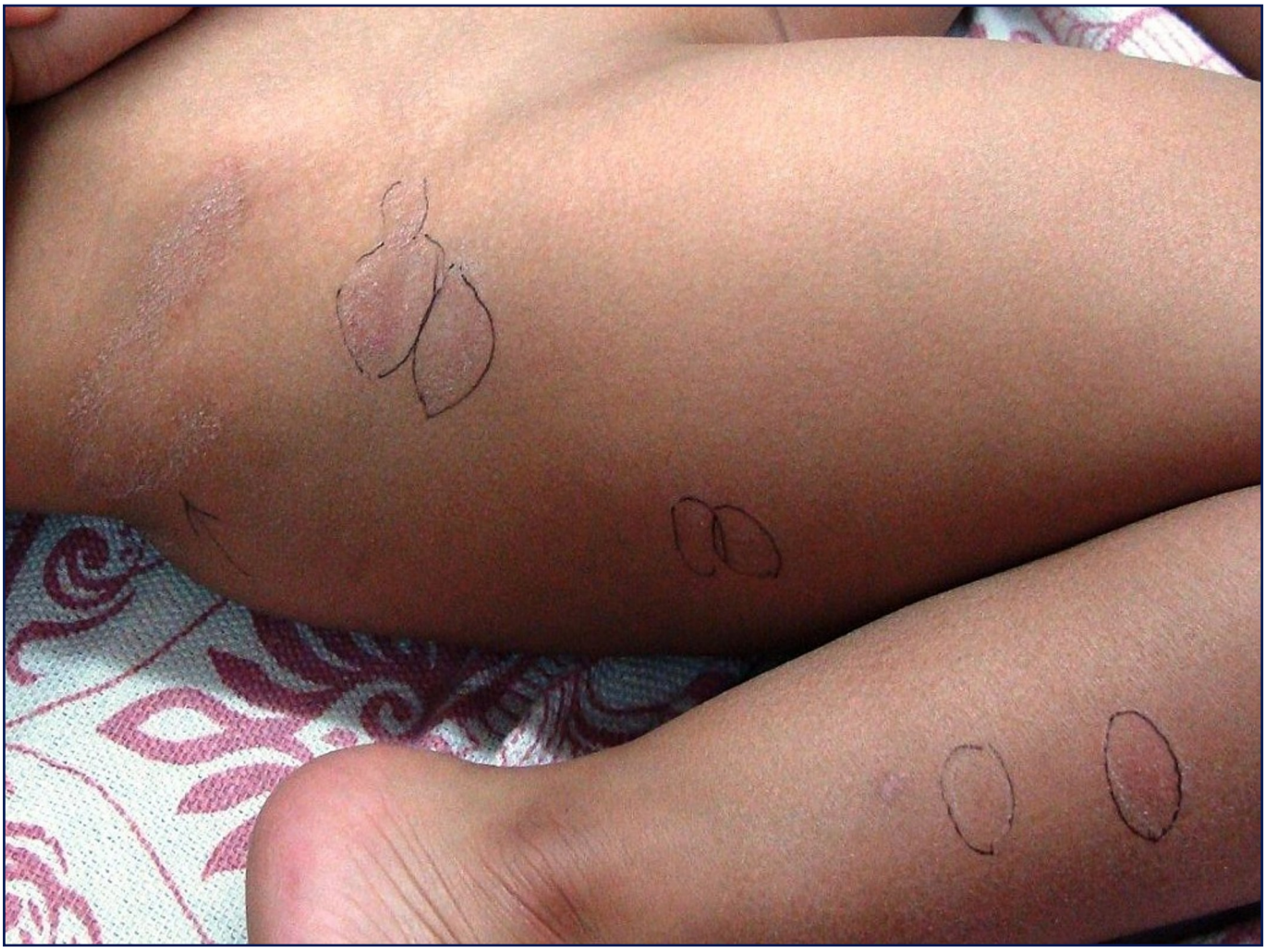

Figure 1

Several oval scaly plaques are seen on right side of body of the child involving thigh, buttock, leg and forearm (borders are highlighted with a ball-point pen). Arrow points the herald plaque.

Discussion

The initial large eruption (herald plaque) and subsequent smaller ones consisted of oval scaly plaques with mild erythema in centre and peripheral collarette scaling. Based on clinical presentation, three differential diagnoses considered were tinea corporis, atopic dermatitis and pityriasis rosea. Negative findings on skin scrapings and failure of topical antifungal agent to clear the eruptions ruled out the first differential diagnosis. Lower legs, face and flexures are commonly involved in atopic dermatitis and the course is fairly chronic with recurrences. Moreover, the lesions were non-eczematous, annular and located only on right side of the child's body. Hence, atopic dermatitis looked unlikely. Other annular eruptions were thought to be unlikely on clinical grounds. Considering the diagnostic criteria[9] and clinical presentation of temporal events of coryza and fever, appearance of large plaque (herald plaque) and subsequent oval scaly plaques, all with collarette scaling, we believe that pityriasis rosea is an appropriate diagnosis for the case.

Atypical presentations of pityriasis rosea are observed in about 20% of the patients.[1,2,3] These are fairly common in children.[3,10] Unilateral presentation of PR is rare and has been reported earlier in adult patients.[11,12] It is equally rare to find unilateral eruptions of PR in children. Careful history, clinical evaluation and follow up are important to avoid misdiagnosis of PR. The case is presented here for its rarity in clinical practice.

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