

PHOTOLETTER TO THE EDITOR

Dermoscopy as a diagnostic aid for pruritic folliculitis of pregnancy

Enzo Errichetti, Giuseppe Stinco

Department of Experimental and Clinical Medicine, Institute of Dermatology, University of Udine, Italy.

Corresponding author:Enzo Errichetti, Institute of Dermatology, "Santa Maria della Misericordia" University Hospital, Piazzale Santa Maria della Misericordia, 15 – 33100 Udine, Italy. E-mail: enzoerri@yahoo.it**Abstract**

Pruritic folliculitis of pregnancy is a noninfective dermatosis of the gestation period characterized by multiple pruritic follicular papules and/or pustules which is not uncommonly mistaken for other similar skin disorders that may occur during pregnancy. In the present article we describe the usefulness of dermoscopy as a supportive diagnostic tool in a case of pruritic folliculitis of pregnancy. The main (always present) dermoscopic clue consisted of a vellus hair in the centre of each papule/pustule. Moreover, most papules showed a central yellowish-orange hue with some dotted vessels and irregular haemorrhagic spots. The detection of the aforementioned dermoscopic features might help distinguish pruritic folliculitis of pregnancy from its main differential diagnoses, mainly including microbial folliculitis, prurigo lesions, and the papular stage of pruritic urticarial papules and plaques of pregnancy, as they typically show different dermoscopic patterns. (*J Dermatol Case Rep.* 2016; 10(1): 19-20)

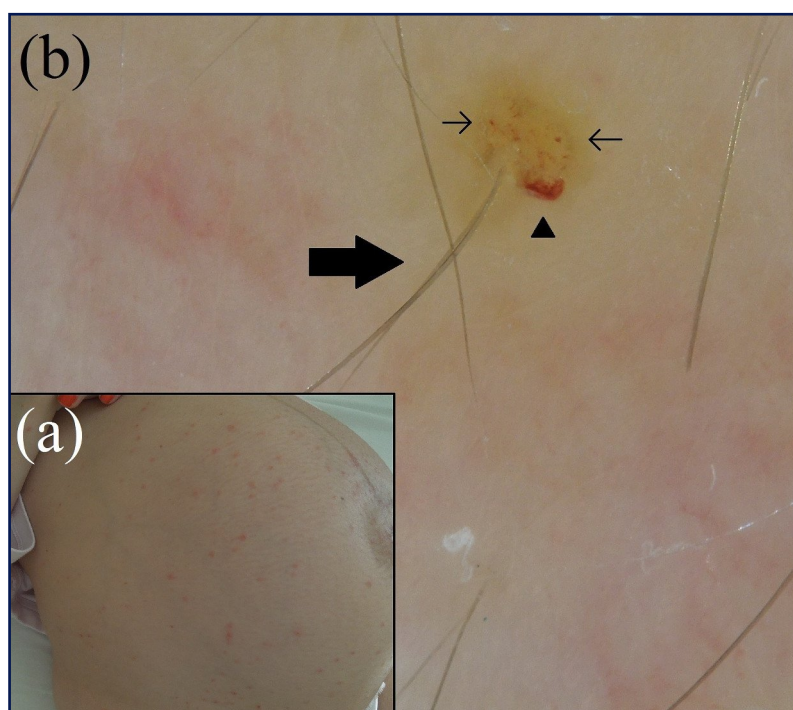
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Pruritic folliculitis of pregnancy (PFP) is an uncommon noninfective dermatosis of unknown etiopathogenesis occurring in the second and third trimester of gestation, which presents as multiple pruritic follicular papules and/or pustules typically on the shoulders, upper back, arms, chest and abdomen.^{1,2} According to some authors, such a condition would belong to the spectrum of atopic skin manifestations of the pregnancy,^{2,3} but only one case out of over 30 reported instances was associated with a history of atopy, thus making this hypothesis quite disputable.^{2,3} Not uncommonly, PFP is mistaken for other similar

Figure 1

Physical examination shows numerous erythematous papules all over the abdomen, with sparing of the navel; few similar lesions are also evident on the right forearm (a). Polarized light dermoscopic examination of a papule displays a central vellus hair (tick black arrow) and a yellowish-orange hue with some dotted vessels (thin black arrows) and an irregular haemorrhagic spot (black arrowhead) (b).



skin disorders which may occur during pregnancy.^{1,2} We here describe the use of dermoscopy as a diagnostic aid for a patient with PFP.

A 28-year-old Caucasian woman in the 32nd week of her first pregnancy presented with a 2-week history of a progressively worsening, itchy rash mainly localized on her abdomen. The patient felt well otherwise and was not taking any medications. Her past medical history was unremarkable and there was no personal or family history of atopic diathesis; she denied having a similar rash before the gestation. Physical examination showed numerous erythematous papules and few pustules all over the abdomen, with sparing of the navel; sparse similar lesions were also evident on the forearms (Fig. 1a). The rash presented no predilection for the striae, and there was no nail or mucosal involvement. On polarized light dermoscopic examination (carried out with DermLite DL3 x10; 3Gen, San Juan Capistrano, CA, USA), all the papules/pustules turned out to be centred around a vellus hair (Fig. 1b), thus highlighting the folliculocentric nature of the rash; moreover, most papules showed a central yellowish-orange hue with some dotted vessels and irregular haemorrhagic spots (Fig. 1b). Swabs taken from the pustules were sterile, thus ruling out a microbial folliculitis. On the basis of clinical, dermoscopic and microbiological data, a diagnosis of PFP was made. The patient was treated with hydrocortisone butyrate 0.1% cream (twice a day) with significant improvement of the clinical picture after one week.

The main challenging differential diagnoses of PFP include microbial folliculitis, prurigo lesions (due to atopy or cholestasis), and the initial (papular) stage of pruritic urticarial papules and plaques of pregnancy (PUPP).¹ The distinction from such conditions is typically clinical and relies on the evidence of the folliculocentric nature of the lesions and negative lesional swabs.^{1,2} However, detecting the former feature may be quite tricky, especially in subjects with fair skin/hair and when lesions occur mainly on areas with few terminal hairs, as in our case.

Dermoscopy is a low-cost and noninvasive technique which lets the clinician detect some important findings that are not visible to the naked eye.⁴ During the last years, its use has been

extended to several "general" dermatoses in order to assist their clinical diagnosis, thus decreasing the number of cases requiring biopsy.⁴ In the present instance of PFP, we found a constant dermoscopic feature, i.e. vellus hairs in the centre of the lesions, which allow us to appreciate the folliculocentric nature of the rash (that was not easily evident on clinical examination). Additionally, most papules showed a central yellowish-orange hue with some dotted vessels and irregular haemorrhagic spots. It is well-known that orange colour on dermoscopy is due to either granulomatous inflammation or dermal hemosiderin deposition.⁴ Both such histologic features may be encountered in PFP¹ and therefore they might be responsible for the presence of such a dermoscopic finding. On the other hand, the detection of dotted vessels/haemorrhagic spots is likely due to vasodilation/erythrocyte extravasation.¹ Importantly, all the aforementioned dermoscopic features are not usually detected in the principal differential diagnoses of PFP. In particular, "simple" microbial folliculitis is characterized by inflammatory pustules centred around hairs, and it does not typically display orangish areas, dotted vessels and haemorrhagic spots⁵ as in PFP, while prurigo lesions generally present a "white starburst pattern" surrounding brown-reddish/brown-yellowish crust(s), erosion(s) and/or hyperkeratosis/scales,⁶ and papules of PUPP often have a diffuse pinkish or pale structureless areas (personal observations).

In conclusion, dermoscopy may be a useful tool in assisting the noninvasive diagnosis of some challenging cases of PFP, possibly allowing a screening distinction from "simple" folliculitis and other pregnancy papular dermatoses as they typically show different dermoscopic patterns. Further studies on larger groups of patients are needed to confirm our dermoscopic findings.

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