Pregnancy induced dermatosis

NAME	SYNONYM	CLINICAL	HISTOLOGICAL	PREGNANCY OUTCOME	ETIOLOGY	COURSE	MANAGEMENT	
Pruritic Urticarial Papules of Pregnancy (PUPP)	Polymorphic eruption o pregnancy -Toxaemic rash of pregnancy -Late onset prurigo of pregnancy	3rd trimester- post-partum primi gravid Pruritus +++ Urticated papules & plagues, vesicles, targetoid, polycyclic **Distribution:** Begin on abdomen in abdo strie	Non-specific epidermal + upper dermal oedema, perivascular infiltrate, lymphocytes, histiocytes+, eosinophils, patchy hyperkeratosis, focal spongiosis, Immunofluorescence -ve	normal	Related to abnormal weight gain, Obesity Twin pregnancy Genetic-paternal factors Incidence 1:130-300	Resolves within 2 wks after delivery Rare with subsequent pregnancies	Topical steroids, Systemic steroids, Antihistamines, Reassurance	
Prurigo of Pregnancy ------------------------- **Atopic eczema of pregnancy**	Early onset prurigo of pregnancy Prurigo gestationis of Besnier ------------------------- Eczema in pregnancy	**Onset**: 2nd trimester Multiple excoriated papules, No urticated lesions **Distribution**: Abdomen & extensor surfaces of limbs ------------------------------ **Onset:** early pregnancy Flexural skin, Trunk, Extremities	Non- specific acanthosis + parakeratosis Perivascular lymphocytic infiltrate ------------------------------------- Ig E- ↑ in 70%	Normal --------------------	? form of atopic dermatitis Incidence 1:300 --------------------- Personal+ Family hx of atopy. 20% have flares of previous atopic eczema. 8o%- no prev hx	Persistent pruritus resolves after delivery May recur with future pregnancies ------------------- Commonest cause of itchy eruptions in pregnancy	Potent topical steroids	
Pruritic folliculitis of pregnancy		**Onset:**2nd or 3rd trimester Masses of pruritic red, small follicular papules/pustules Resembles steroid induced acne: Distributed on trunk+ generalised	Acute folliculitis Focal spongiosis with exocytosis of polymorphs Direct IF -ve	Normal		Resolves within 2 weeks		

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Papular dermatitis of pregnancy(based on 12 patients)		**Onset**: Anytime Widespread 3-5mm itchy papules with smaller central crust due to pruritus		? high fetal mortality		Resolves with delivery May recur	Pred 40-200mg/day
Impetigo herpetiformis	Exanthematous type of generalised pustular psoriasis. Generalized pustular psoriasis of pregnancy	**Onset:** Sudden- 3rd trimester. Extensive eruption of grouped pustules on erythematous base, Febrile **Distribution**: Starts flexural then becomes generalised	As for pustular psoriasis Spongiform pustule of Kojog ↑WCC ↓Ca	Hypocalcaemia, ↑fetal mortality Placental insufficiency Stillbirth	No personal or family hx of psoriasis Triggers: Hormones, Clomiphene Exacerbation of disease during menses	Resolves with delivery. Recurrences with subsequent pregnancies Rapid resolution post-partum	Systemic corticosteroids. Start 15-30mg then increase to 60 mg if needed Antibiotics if infected Cyclosporine (c) Treat as psoriasis if continues after pregnancy
Pemphigoid Gestationis	Herpes gestationis	Intensely pruritic, urticarial lesions Progress-vesicles-bullae **Onse**t 2nd-3rd trimester **Distribution** Starts on abdomen-spreads to extremities Spares face, scalp, oral mucosa Palms-soles involved-rook	Subepidermal blisters, Perivascular infiltrate, lymphocytes, eosinophilic spongiosis IF-Linear deposition DEJ Ig G (30-40%) C3 (100%)	Maternal health not affected. Small for gestational age foetus. ↑prematurity No morbidity or mortality noted	Rare in blacks HLADR3, DR4+ Autoimmune-Graves Ab-mediated disease Ab to BPag2, BP180 Nc16A Incidence 1: 10000-50000	Benign Recur with subsequent pregnancies Usually flares postpartum-75% Resolves within 3 months Recurs with menses Conversion to BP	Systemic corticosteroids 0.5mg/kg day Post partum exacerbation may require higher doses