Pityriasis Rubra Pilaris: A Retrospective Analysis of 43 Patients

Sir,

Pityriasis rubra pilaris (PRP) is a rare skin disease of unknown aetiology. Since 1980 we have seen 43 patients with this diagnosis. This study describes these patients and the course of their disease, based on a retrospective analysis.

MATERIALS AND METHODS

Patients

The study comprised 43 patients (12 females and 31 males). Their age range at the start of disease was 1–77 years (Fig. 1). Forty-one of the patients were admitted for investigations and treatment, while only 2 had outpatient treatment. Nine women and 24 men (mean age 58 years) had adult onset of disease (>15 years of age) and 3 girls and 7 boys (mean age 8 years) had juvenile onset (<15 years of age).

Diagnosis

The clinical picture is somewhat different for the various types of PRP. In its classical form, the skin eruption most often starts in the face and associated areas and then spreads within a few weeks to the rest of the body, leaving only small islands of unaffected skin (Fig. 2). The eruption is erythematous and scaling with follicular plugging. The palms and soles are yellowish and hyperkeratotic. Within 2–3 months erythrodermia may develop. Some patients also develop ectropion (1).

In our material it was not possible to distinguish between the various types of PRP described (2), because the clinical information in the medical reports was not sufficiently accurate. Most patients were diagnosed from the clinical picture and the diagnosis was verified histologically. In 8 patients the diagnosis could not be verified by our pathologist. However, the clinical pictures were characteristic that the diagnosis was maintained. Five of those patients were females. This means that in 42 of the 43 patients the diagnosis of PRP could not be verified histologically, whereas this was the case in only 10% of the males (p < 0.05).

Fig. 1. Age distribution at the start of the disease.

REFERENCES


Accepted March 28, 1999.

Aysel Boyvat, Gamze Piskin and Hatice Erdi Department of Dermatology, Ankara University School of Medicine, Ibn Sina Hospital, Samanpazari-Ankara, TR-06100, Turkey.

Letters to the Editor

Acta Derm Venereol 79
Treatment and prognosis

The patients were treated with either acitretin or methotrexate. All received topical treatment with emollients and steroids. A few got photopheresis. Treatment with PUVA does not help these patients, as sunlight often worsens the condition.

Ten of the patients had an unknown course of PRP due to lack of follow-up. Nine patients are currently in treatment. One patient died. The remaining 23 patients had remission after approximately 2 years (range 2 months to 7 years). If they are divided in adults and juveniles, the adults had remission after approximately 2.5 years (range 5 months to 7 years). The juveniles had remission after approximately 1 year (range 2 months to 5 years).

DISCUSSION

The sex ratio is normally said to be 1:1 for PRP (1, 3), but in our material we had 28% females and 72% males. In Denmark it is known that women are more likely than men to see a doctor. All, but 2 of our patients were admitted because of severe skin disease, and there may be a selection bias, if patients with less severe PRP are not referred to us. It could indicate that women have less pronounced PRP than men, a hypothesis supported by our histological findings, where women had significantly less histological changes diagnostic of PRP than men.

PRP almost always appears suddenly without any preceding factors. However, in some children the disease is preceded by an infection (1). Two children had onset of PRP after influenza and what seemed like pneumonia. One patient had aggravation after tonsillitis and after appendectomy.

PRP appears sporadically, but there have been reports of autosomal dominant inheritance (4). None of our patients seemed to have inherited disease. Eleven of them, however, were predisposed to psoriasis, indicating that there could be a close association between these diseases.

REFERENCES


Accepted April 10, 1999.

Kristine Bjørndal Sørensen and Kristian Thstrup-Pedersen
Department of Dermatology and Venerology, University of Aarhus, Marselisborg Hospital, DK-8000 Aarhus C, Denmark.