

Recurrent Pityriasis Rosea

New Episodes Every Year for Five Years. A Case Report

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A case of recurrent pityriasis rosea in a 39-year-old woman is presented. She had her first attack of pityriasis rosea 5 years ago and new outbreaks followed every year, in the spring. Her husband had a severe attack of pityriasis rosea 6 years ago. All laboratory investigations were normal and no explanation for the many recurrences was found.

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Pityriasis rosea is an acute inflammatory dermatosis of unknown etiology with a self-limiting course, af-

fecting mainly children and young adults. Many conditions that could be precipitating factors, including infections, have been discussed (1-4). Usually only isolated attacks occur. However, a case of recurrent pityriasis rosea with new outbreaks every year for the last 5 years is presented.

CASE REPORT

The patient was a 39-year-old woman who, in young adulthood had pityriasis alba and occasional herpes labialis, but otherwise no previous skin disease. Six years ago her husband had a typical attack of pityriasis rosea with a large herald patch on the trunk followed by a secondary eruption. A year later, our patient had her first attack of pityriasis rosea and new outbreaks followed every year in the spring. Every time the lesions had the characteristic appearance of pityriasis rosea and were localized to the trunk and proximally on the extremities. The outbreaks always faded within 6 weeks.

She consulted our Department in the spring of 1989 because the new episode was more pronounced than usual. A large primary lesion on the upper trunk was found and a disseminated secondary eruption with lesions lying parallel to the ribs in a "Christmas tree" pattern. The clinical examination revealed no other disease and no signs of upper respiratory tract infection. The lesions disappeared within 6 weeks.

The histopathology of a punch biopsy was compatible with pityriasis rosea (subacute and chronic dermatitis). All laboratory tests, including WR, sedimentation rate, blood cell count, circ. eosinophils, creatinine, urea, alkaline phosphatase, liver transaminases, serum electrophoresis, AST, ASH and ANA were negative, as were antibodies to HIV-1, CMV, Yersinia, Mycoplasma pneumoniae, cold agglutinin, Legionella and Epstein Barr virus (IgM). Antibodies to Epstein Barr virus (IgG) proved positive, compatible with an earlier infection. The mycological examination was negative.

DISCUSSION

Pityriasis rosea is a relatively common disease with the highest incidence in the autumn, winter and

spring (1-2). The frequency of recurrences has been estimated in various studies to be about 2% and most recurrences are single (1-4). The lesions in our patient disappeared completely within 6 weeks and the interval between the episodes was one year. Therefore new outbreaks cannot be considered merely as exacerbations. The greatest number of reported recurrences in an individual was seven (1-4). The number of recurrences in pityriasis rosea may be underestimated due to lack of follow-up studies and the failure of patients to reconsult their physician for a banal and self-limiting disease. Our patient, for example, had not consulted a physician because the lesions were similar to her husband's attack of pityriasis rosea 6 years earlier and furthermore, being a physician herself, she had hesitated to consult a dermatologist because of a banal and self-limiting disease. She only consulted our Department because the new episode was more pronounced than usual. We suggest that our patient, with five episodes of pityriasis rosea, is a rarity.

REFERENCES

1. Parsons JR. Pityriasis rosea update: 1986. *J Am Acad Dermatol* 1986; 15: 159-167.
2. Chuang TY, Ilstrup DM, Perry HO, Kurland LT. Pityriasis rosea in Rochester, Minnesota, 1969 to 1978. A 10-year epidemiologic study. *J Am Acad Dermatol* 1982; 7: 80-89.
3. Björnberg A, Hellgren I. Pityriasis rosea: a statistical, clinical and laboratory investigation of 826 patients and matched healthy controls. *Acta Derm Venereol (Stockh)* 1962; 42 (suppl 50): 1-68.
4. Vigh G. Beobachtungen bei Patienten mit Pityriasis rosea. [Observations on pityriasis rosea patients.] *Z Hautkr* 1983 sep 1; 58 (17): 1268-1272.