

A rare concurrence of polymorphic pityriasis rosea: Two atypical variants along with a classical plaque variant in the pediatric age group

- A 9 year old boy presented with red to skin colored raised scaly lesions associated with itching over the entire body since 4 days.
- H/o progression of lesions first over face, scalp then to neck, upper limbs, chest, back, abdomen and lower limbs
- No family history of similar lesions

On examination :

- Multiple discrete to coalescing, circular to irregular shaped skin colored plaques of variable size with collaret of white scale present on the face, neck, chest, and retro auricular region

- Multiple discrete small pinhead sized skin colored papules were present on the abdomen, chest and back with few lesions extending to the buttocks, thighs and genitalia.
- Multiple erythematous plaques with central hemorrhagic crusts were present on the back and both lower limbs
- Palms, soles and oral and genital mucosa were within normal limits
- No herald patch
- On scratching the lesions with a glass slide, accenuation of scaling was present

Histopathological examination:

- Biopsy from papule showed basket wave Ortho keratosis, focal parakeratosis, acanthosis with basal cell vacuolization, pigment incontinence and perivascular lymphohistiocytic infiltrate

- From plaque: Basket weave orthokeratosis, attenuation of granular layer, spongiosis with basal cell vacuolization, pigment incontinence and formation of spongiotic vesicles filled with dyskeratotic keratinocytes
- From targetoid lesion showed mild lamellar hyperkeratosis in the epidermis, irregular acanthosis with marked spongiosis and exocytosis of lymphocytes, basal cell vacuolization, papillary edema along with perivascular dermal lymphohistiocytic infiltrate
- **CBP** : 6.3% eosinophils
- **Treatment**

Emollients and anti-histamines.

2% ketoconazole shampoo for scalp seborrhoea

Complete resolution of lesions in 4 weeks



Figure 1: (a) Multiple discrete papules (black arrow) and multiple discrete to coalescing circular to irregular shaped skin-colored plaques (blue arrow) of variable size (0.5 cm × 0.5 cm–1 cm × 1 cm) with collaret of white scale present on the face, (b) Multiple discrete papules (black arrow) and multiple discrete to coalescing skin-colored plaques (blue arrow) of variable size with collaret of white scale present on the neck and chest, (c) Multiple discrete papules (black arrow), skin-colored plaques with collaret scales (blue arrow) and few lesions erythematous plaques with central bright red erythema surrounded of rim of yellowish erythema suggestive of targetoid lesions (yellow arrow) present on back, (d) Multiple erythematous plaques with central hemorrhagic crusts suggesting of targetoid morphology (blue arrow) present of both lower limb

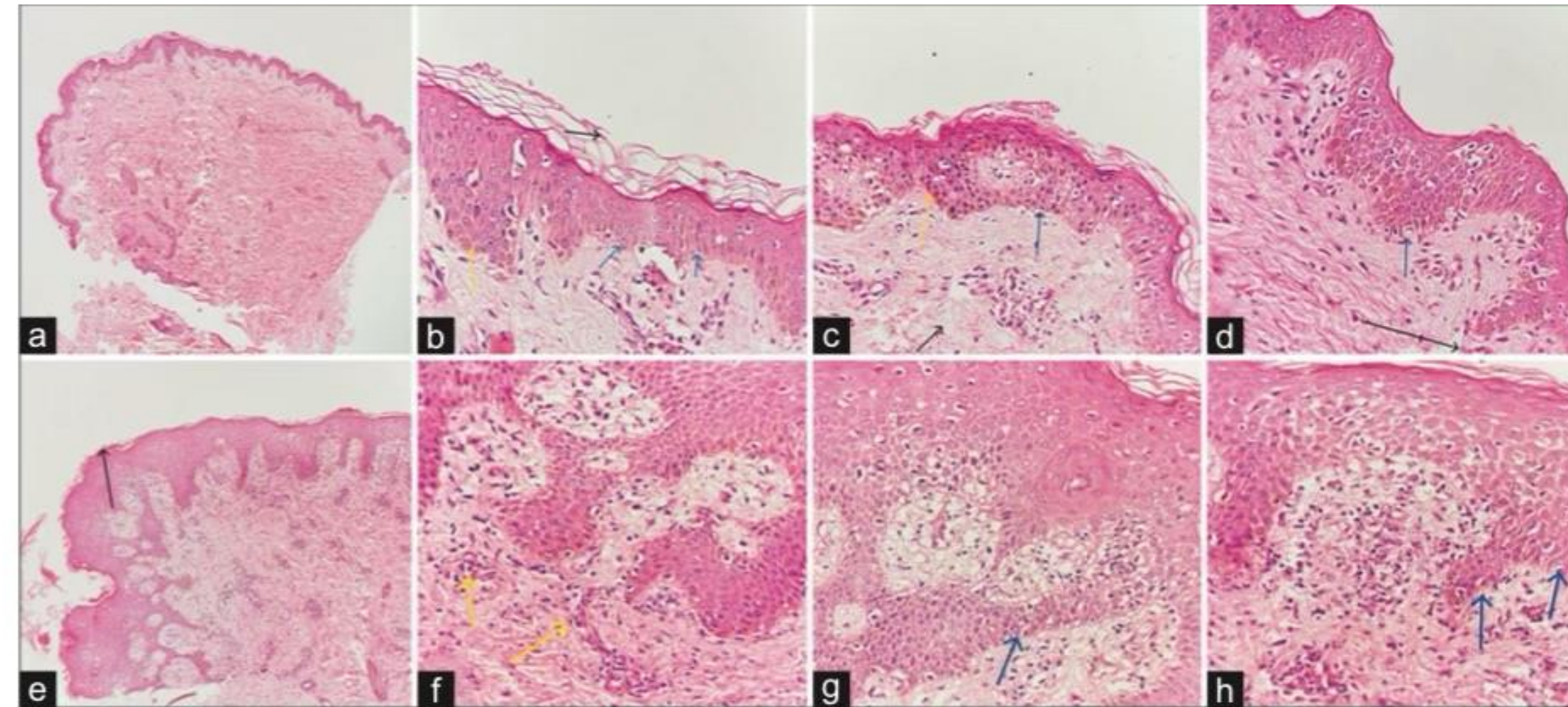


Figure 2: (a and b) (papule) Biopsy showing basket wave orthokeratosis, focal parakeratosis (black arrow), acanthosis, with basal cell vacuolization (blue arrow), pigment incontinence (yellow arrow) and perivascular lymphohistiocytic infiltrate (H and E, ×40, ×400), (c and d) (plaque) Epidermis showing spongiosis with basal cell vacuolization (blue arrow), pigment incontinence (yellow arrow), and formation of spongiotic vesicles (black arrow) filled with dyskeratotic keratinocytes (e-h) (H and E × 400)