Case 11

A 57-year-old Thai man, from Auttraradit

Chief complaint Pruritic erythematous yellow-orange scaly plaques on trunk for 8 months **Present illness** Eight months ago, he had pruritic erythematous yellow-orange scaly plaques on trunk and gradually progressed to extremities and face

Past HistoryHealthy and no personal history of any disease.

Family History:
No one in his family has the same skin lesions.

Physical examination

Skin: Generalized erythematous yellow-orange scaly plaques on trunk ,extremities and face with palmoplantar hyperkeratosis. Islands of normal skin on trunk.

Nails: oil spots and subungual hyperkeratosis. Otherwise are unremarkable





Fig.1

Histopathology (S03-2503)

- Parakeratosis alternates both horizontally and vertically with orthokeratosis, follicular pluges.
- Psoriasiform epidermal hyperplasia with irregular rete ridges.
- Hypogranulosis.
- Superficial perivascular infiltrate of mostly lymphocytes.

Diagnosis Pityriasis rubra pilaris **Treatment** Neotigason 25 mg.daily

2% Hydrocortisone ointment, Mineral oil, 20% urea cream

Presenter Suporn rujsutthi
Consultant Siripen Puavilai
Comment

Pityriasis rubra pilaris (PRP), a disorder of epidermal proliferation and altered keratinization, typically first appears as a scaly, erythematous patches on the upper portion of the body. Its initial appearance is nonspecific and may be confused with other common dermatoses.

Six distinct clinical types have been described in infancy and adulthood. Oral retinoids have proven their efficacy. Emollients and topical calcipotriol may improve clinical presentation

Reference

- 1. Caplan SE, Lowitt MH. Lao GF. Early presentation of Pityriasis rubra pilaris. Cutis. 1997;60:291-6
- 2. Neess CM,Dissemond J Treatment of pruritis by capsaicin in pa\tient with Pityriasis rubra pilaris.Clin Exp

 Dermatol 2000;23:209-11
- 3. Frature AL, Braham C, Pierard GE>How to treat Pityriasis rubra pilaris. Rev Med Liege 2002;57:363-5