Dermatology Practical & Conceptual

Juvenile Pityriasis Rubra Pilaris

Yihang Xie[1], Lixia Xie[1], Xin Shi[2], Sijia Chen[3]

1 Chengdu Second People's Hospital, Chengdu, China
2 The Second Affiliated Hospital of Soochow University, Suzhou, China
3 Traditional Chinese Medicine Hospital of Shangyu, Shaoxing, China

Citation: Xie Y, Xie L, Shi X, Chen S. Juvenile Pityriasis Rubra Pilaris. *Dermatol Pract Concept*. 2023;13(2):e2023094. DOI: https://doi.org/10.5826/dpc.1302a94

Accepted: September 27, 2022; **Published:** April 2023

Funding: None.

Competing interests: None.

Authorship: All authors have contributed significantly to this publication.

Corresponding author: Xin Shi, Department of Dermatovenereology, The Second Affiliated Hospital of Soochow University, 1055 Sanxiang Street, Suzhou 215000, Jiangsu, China. E-mail: shx9@163.com

Case Presentation

A 4-year-old girl, without a prior history of eczema or psoriasis, presented with a 4-weeks history of extensive erythematous scaly eruption which started on her face and scalp, and spread rapidly to her torso and limbs (Figure 1, A, B, E and F). She also had well-circumscribed, red-orange, waxy plaques on the palms and soles (Figure 1, C and D). Her growth and psychomotor development were normal. Histopathology showed basket-like hyperkeratosis, diffuse orthokeratosis and spotted parakeratosis, and a dermal superficial perivascular lymphocytic infiltration (Figure 1G). The final diagnosis was pityriasis rubra pilaris.

Teaching Point

Pityriasis rubra pilaris is a rare inflammatory skin disease that affects men and women of all ages, which presents with hyperkeratotic follicular papules, erythematous-desquamative plaques, palmoplantar keratoderma [1]. Its classification into five subgroups is based on age at onset, clinical course, morphologic features, and prognosis [2]. We present a type III pityriasis rubra pilaris. The differential diagnosis includes psoriasis vulgaris, perifollicular keratosis, lichen spinulosus.

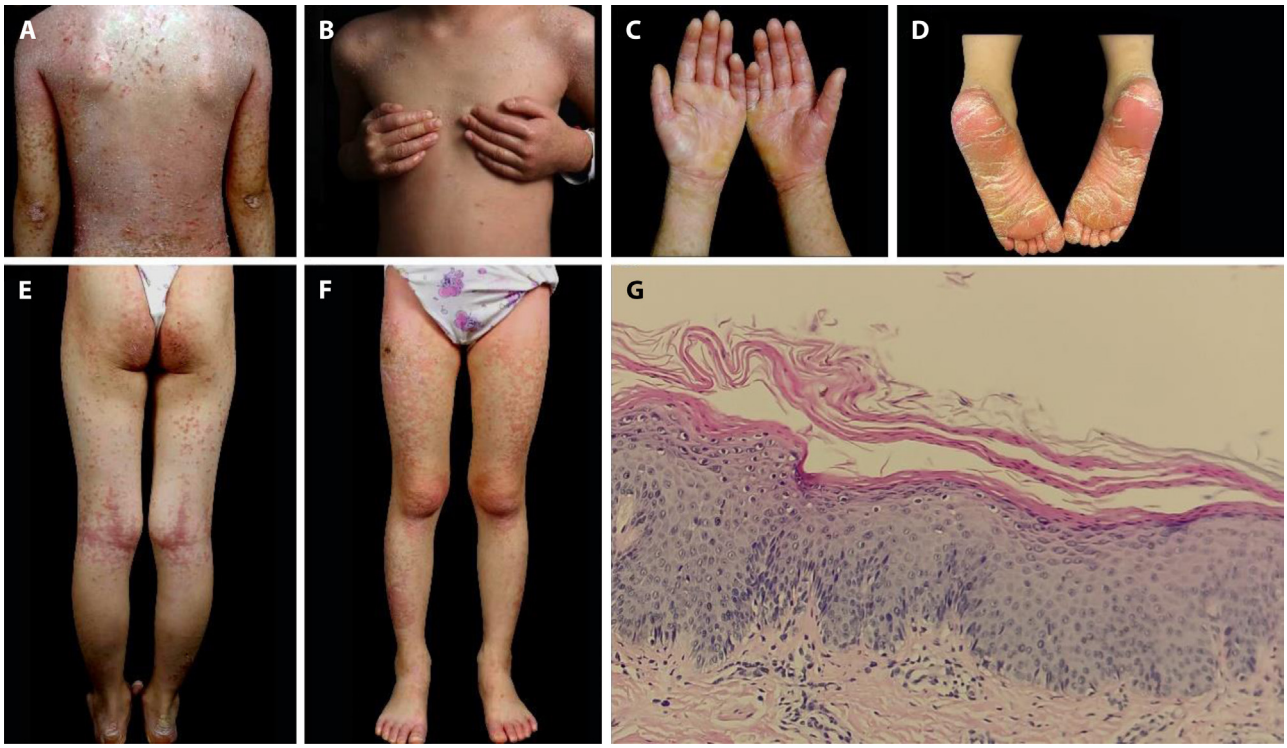

Figure 1. (A,B,E,F) Extensive erythematous scaly eruption on the trunk and limbs. (C,D) Well-circumscribed, red-orange, waxy plaques on the patient palms and soles. (G) Basket-like hyperkeratosis, diffuse orthokeratosis and spotted parakeratosis, and a dermal superficial perivascular lymphocytic infiltration (H&E x400).

References

1. Wang D, Chong VC, Chong WS, Oon HH. A Review on Pityriasis Rubra Pilaris. Am J Clin Dermatol. 2018;19(3):377-390. DOI:10.1007/s40257-017-0338-1. PMID: 29302927.
2. Cohen PR, Prystowsky JH. Pityriasis rubra pilaris: a review of diagnosis and treatment. J Am Acad Dermatol. 1989;20 (5 Pt 1):801-807. DOI:10.1016/s0190-9622(89)70093-1. PMID: 2654219.