Case Report

A 26-year-old female presented with a sudden onset of several asymptomatic, erythematous and scaly plaques on her trunk. Plaques sized 0.5-1 cm in diameter that were distributed unilaterally (right side) on her chest, back and axilla. In close observation some of the lesions displayed annular morphology with peripheral collaret scaling. The rash preceded an upper respiratory tract infection 10 days prior. There was no history of asthma, urticaria, drug allergies and she was not taking any medication. The left side of trunk, face, neck, upper and lower extremities, genitalia and mucous membranes were not involved [Table/Fig-1]. Her systemic examination was unremarkable. Complete Blood Count (CBC), liver and renal function tests and urine analysis were in normal ranges. In a patient who has a pityriasis-type rash and risk factors for sexually transmitted diseases (e.g., intravenous (IV) drug use, HIV infection, or promiscuity), syphilis should be considered to be present until proved otherwise. Similarly, if there is no herald patch, one should consider syphilis. Rarely, herpes zoster infection is confused with the vesicular variant of PR. Persistent PR has been linked with and attributed to persistent reactivation of HHV-6 and/or HHV-7 with higher viral loads than in typical PR in a study of 12 patients [1]. Biopsy from representative lesions showed focal parakeratosis, mild epidermal hyperplasia and spongiosis, extravasation of RBC around superficial vascular structures and mild perivascular lymphocyte infiltrate [Table/Fig-2].

Discussion

PR is characterized by the initial eruption of a Herald patch, which is followed by generalized scaly oval eruptions typically on the trunk and proximal extremities along the Langer's lines of cleavage, giving the characteristic “christmas tree appearance” [2]. PR maybe atypical in the lesions or in its course [3]. Atypical case of PR are fairly common and less readily recognized than typical eruptions and may pose a diagnostic challenge [4]. PR is a common cutaneous disease reported in all races with an incidence of 6.8 per 1000 dermatological cases [5]. It is an acute, self-limiting disease, affecting mainly children and young adults [3].

Most cases of PR occur between the ages of 10 and 35 years it is uncommon in infancy, early childhood or old age. It is slightly