Pregnancy Dermatoses

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Dermatosis	Description	Timing	Location	Risk Factors	Treatment	Pathology	Fetal Involvement
Pemphigoid gestationis *Herpes gestationis**	Pruritic vesiculobullous eruption Spontaneously remits weeks to months after delivery	Classically late pregnancy, but can occur in any trimester, or immediately postpartum Commonly recurs in subsequent pregnancies	Abdomen, umbilicus, can generalize Spares mucous membranes	HLA-DR3, HLA-DR4 May flare or have recurrence with menses, oral contraceptives [Note: Patients are at ↑ risk for Grave's Disease]	Self-limited; topical and systemic corticosteroids, antihistamines	Subepidermal vesicle mixed infiltrate with eosinophils DIF: Linear C3 ± IgG along BMZ Indirect IF: IgG autoantibodies against BMZ Salt-split skin test: Epidermal	↑ risk of prematurity, small-for-gestational age neonates, neonatal pemphigoid gestationis
Polymorphic eruption of pregnancy (PEP) *Pruritic urticarial papules and plaques of pregnancy, PUPPP**	Pruritic erythematous and edematous papules and plaques that may become vesicular, targetoid, eczematous	End of third trimester, immediately postpartum	Within abdominal striae, can generalize Spares umbilicus, face, palms, soles	Primipara, maternal weight gain, multiple gestation pregnancy	Self-limited; resolves within 4 weeks, topical corticosteroids, antihistamines	Non-specific, negative IF and ELISA	None
Atopic eruption of pregnancy (AEP)	Flare or new onset eczematous or papular eruption in atopics May have serum IgE elevation	Commonly prior to third trimester Commonly recurs in subsequent pregnancies	Can be in a flexural distribution	Atopic diathesis	Topical corticosteroids, ultraviolet B (UVB) phototherapy	Variable, but commonly spongiosis, acanthosis, lymphocytic and eosinophilic infiltrate	None
Pruritic folliculitis of pregnancy†	Follicular-based papules and pustules	After first trimester May recur in subsequent pregnancies	Trunk > extremities	Atopy has been suggested May be a variant of Atopic Eruption of Pregnancy	Post-partum resolution	Sterile folliculitis	None
Prurigo of pregnancy†	Prurigo nodules May have serum IgE elevation	After first trimester May recur in subsequent pregnancies	Extremities > abdomen	Atopy has been suggested May be a variant of Atopic Eruption of Pregnancy	Resolves post-partum	Varies	None

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Pregnancy Dermatoses (cont.)

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Dermatosis	Description	Timing	Location	Risk Factors	Treatment	Pathology	Fetal Involvement
Intrahepatic cholestasis of pregnancy (ICP) *Cholestasis of pregnancy, obstetric cholestasis (OC)‡*	Pruritus, may have secondary lesions (excoriations, prurigo); jaundice Elevated serum bile acids	Late second trimester, third trimester Recurrence in subsequent pregnancies	Starts on palms and soles, spreads to extensor extremities, abdomen, buttocks	Endemic clusters, positive family history, multiple-gestation pregnancies, ABCB4 mutation, hepatitis C virus (HCV) infection, selenium deficiency, ↑ intestinal permeability May have recurrence with oral contraceptives	Resolves within days of delivery; ursodeoxycholic acid (UDCA)	Nonspecific	↑ risk of premature labor, fetal distress, stillbirth
Autoimmune progesterone dermatitis (AIPD)	Progesterone hypersensitivity characterized by a cyclical eruption related to menses May worsen or improve during pregnancy	Varies	Varies	None reported	Symptomatic, can include antihistamines, topical and oral corticosteroids, epinephrine prn	Dependent on morphology	Spontaneous abortion has been reported
Generalized pustular psoriasis of pregnancy *Impetigo herpetiformis (IH) ‡*	Pustules on erythematous patches that form polycyclic erythematous patches and plaques with peripheral pustules	Third trimester Recurs with subsequent pregnancies	Flexural surfaces (inguinal), spread to trunk and proximal extremities	Unclear, may include hypocalcemia, hypovitaminosis D, stress, bacterial infections	Systemic corticosteroids; resolves postpartum	Pustular psoriasis: spongiform pustules, neutrophils, superficial perivascular lymphocytic and neutrophilic infiltrate	Low birth weight, intrauterine growth restriction, premature rupture of membranes, stillbirth, neonatal death

** historical nomenclature*
† may be considered as under the classification of AEP
‡ synonym(s)

Physiologic cutaneous changes in pregnancy

First Trimester	Mucosal: Chadwick's sign (blue-to-violaceous discoloration of mucous membranes of cervix, vagina, vulva) Vascular: gingival hyperemia and edema, palmar erythema, spider angiomas Glandular: hypertrophy of Montgomery tubercles, ↑ sweating
Second Trimester	Pigmentary changes Pruritus (late)
Third Trimester	Pruritus (early) Hair and nail changes Connective tissue changes Vascular: edema, purpura, petechiae

Boards' Fodder

In addition to this issue's Boards' Fodder, Pregnancy Dermatoses, don't forget to download the new Board's Fodder online exclusive from **www.aad.org/DIR**, *where a new chart is published each quarter. The Fall 2014 online Boards' Fodder is Autoinflammatory syndromes by Sailesh Konda, MD and Sasank Konda, BA.*

To view, download, or print every Boards' Fodder ever published, both in print and online, check out the complete archives at **www.aad.org/BFarchives**.

References

1. Kroumpouzos G, ed. *Text Atlas of Obstetric Dermatology*. Philadelphia, PA: Lippincott, Williams & Wilkins; 2014.
2. Bolognia JL, Jorizzo J, Schaffer JV, *ed. Dermatology*, Third Edition: Elsevier Limited; 2012.
3. Ambros-Rudolph CM, Mullegger RR, Vaughan-Jones SA, Kerl H, Black MM. The specific dermatoses of pregnancy revisited and reclassified: results of a retrospective two-center study on 505 pregnant patients. *Journal of the American Academy of Dermatology* 2006;54:395-404.