If you choose to submit Clinical Pearls in lieu of your presentation as a handout, please use this template.

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<th>Share the key takeaways and clinical pearls from your presentation with attendees.</th>
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| **Session Number and Title:** FOCUS U001  
**Pregnancy Dermatoses – Moving Towards a Better Understanding** |
| **Presenter Name:** Dr Samantha Vaughan Jones |

### Clinical Pearls:

- Immune changes in pregnancy may lead to an increase in Atopic Eruption of Pregnancy (AEP), and often an improvement in Chronic Plaque Psoriasis
- Atopic Eruption of Pregnancy (AEP) and Polymorphic Eruption of Pregnancy (PEP) are the two commonest pregnancy dermatoses seen in the pregnancy skin clinic
- Itching without a rash is the predominant feature of Intrahepatic Cholestasis of Pregnancy – only secondary excoriations and/or prurigo nodules are seen
- Atopic eruption of Pregnancy (AEP) affects trunk and limbs and has an earlier onset than PEP (typically second trimester)
- Polymorphic Eruption of Pregnancy (PEP) presents later in the 3rd trimester or postpartum period and affects the abdominal area, with periumbilical involvement in most cases
- Polymorphic Eruption of Pregnancy (PEP) is more commonly seen in Multiple pregnancy
- Pemphigoid gestationis is rare, and often presents with pre-bullous lesions or itching prior to blister formation.
- Acne vulgaris and acne rosacea often flare in pregnancy due to changes in hormone levels which influence sebaceous gland activity and inflammation
- Cases from the Pregnancy skin clinic will be discussed
- Recent evidence suggests that pregnancy does not induce significant changes in melanocytic nevi
- Women diagnosed with melanoma during pregnancy do not appear to have a worse prognosis compared to controls

### References:

- Pregnancy & Melanoma Driscoll MS, Martires K, Bieber AK et al JAAD 2016; 75: 669-78
- NevU & Pregnancy Merkel E, Martini MC, Sapna M et al. JAAD 2016; 74: 88-93

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