Dermatoses of Pregnancy

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Forum 126: The Pregnant Pause: How to evaluate and treat your pregnant patient
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DISCLOSURE OF RELATIONSHIPS WITH INDUSTRY

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Forum F126: The pregnant pause: how to evaluate and treat your pregnant patient

Dermatoses of Pregnancy
March 1 2019

DISCLOSURES

Proctor and Gamble: Member of Scientific Advisory Board

UpToDate: Royalties
Classification of Dermatoses of Pregnancy: 1983

- Pemphigoid gestationis/ herpes gestationis
- Polymorphic eruption of pregnancy (PEP – 1982)/ PUPPP
- Prurigo of pregnancy (PP)
- Pruritic folliculitis of pregnancy (1981)
- Excluded Impetigo herpetiformis – pustular psoriasis associated with pregnancy

Classification of Dermatoses of Pregnancy: 1998

• Pemphigoid gestationis / herpes gestationis
• Polymorphic eruption of pregnancy (PEP)/PUPPP
• Prurigo of pregnancy (includes pruritic folliculitis of pregnancy)
• Intrahepatic cholestasis of pregnancy (ICP) - no dermatosis but important in DDX of PP

Study of Dermatoses of Pregnancy: 1999

- Eczema in pregnancy – 72 /200
- PEP / PUPPP
- Pruritic folliculitis
- Prurigo of pregnancy
- Pemphigoid gestationis
- Obstetric cholestasis

Classification of Dermatoses of Pregnancy: 2006

• Atopic eruption of pregnancy added
Classification of Dermatoses of Pregnancy: 2006

• Pemphigoid gestationis / herpes gestationis
• Polymorphic eruption of pregnancy (PEP)/PUPPP
• Atopic eruption of pregnancy
  • Prurigo of pregnancy
  • Pruritic folliculitis of pregnancy
  • Eczema in pregnancy
• Intrahepatic cholestasis of pregnancy (ICP)

Dermatoses of Pregnancy

- Intrahepatic cholestasis of pregnancy (ICP)/prurigo gravidarum
- Pemphigoid gestationis/ herpes gestationis
- Pruritic urticarial papules and plaques of pregnancy (PUPPP) / PEP
- Atopic eruption of pregnancy
  - prurigo of pregnancy
  - pruritic folliculitis of pregnancy
  - eczema in pregnancy
- Pustular psoriasis of pregnancy
Cholestasis of pregnancy:
clinical
• 80% after 30 wks; can be 1st trimester
• 50% associated with UTI
• < 50% develop jaundice (within 2-4 wks)
• intense pruritus, palms and soles itch, no primary skin lesion
• resolves 1 - 48 days post-partum
• subclinical steatorrhea

McDonald JA. J of Gastroenterology and Hepatology 1999; 14: 515-18.
Cholestasis of pregnancy: laboratory

• serum bile acids elevated 3-100 x normal (>11 micromol/L)
• direct bilirubin not more than 2-5mg/dl
• AST can be elevated; if more than 4x normal, think of other cause
• hepatic ultrasound is normal
• check hepatitis serologies (hep C)

Cholestasis of pregnancy: prognosis

- fetus:
  - premature labor
  - fetal distress
  - fetal death / perinatal death
  - no reliable marker to predict; higher bile acids sometimes associated with poor outcome, not always

McDonald JA. J of Gastroenterology and Hepatology 1999; 14: 515-18.
Cholestasis of pregnancy: treatment

• Early delivery
• Ursodeoxycholic acid (UDCA)
  • more polar and hydrophilic than cholic acid and chenodeoxycholic acid
  • goes from 1-3% of bile acids to predominant
• dose 16mg/kg/day; may need vitamin K
• probable little risk in third trimester
• reduces premature delivery and pruritus

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Pemphigoid gestationis: clinical

• begins commonly 2nd-3rd trimester; (can start 1st trim., post-partum)
• begins on trunk with urticaria or papulo-vesicle; rapid spread; bulla develop
• may involve palms and soles; rarely face
• pruritus may precede rash

Pemphigoid gestationis: testing

• Biopsy for H&E, DIF:
  • C3 in homogeneous, linear band at BMZ (perilesional and lesional skin)
  • IgG in 30-40%

• Blood work:
  • Indirect immunoflour
  • ELISA: BP180

Pemphigoid gestationis: course

- may remit prior to delivery
- 75% flare post-partum
- > 25% flare with OCP or menses
- usually recur with pregnancy, often worse
- Average resolution within 4 months; (possibly quicker with breast feeding); case of resolution after 30 months

Shimanovich I, Brocker EB, Zillikens D. BJOG 2002; 109: 970
Pemphigoid gestationis: prognosis

- **newborns:**
  - risk of small for gestational age and premature
  - Increased risk onset 1\textsuperscript{st}/2\textsuperscript{nd} trimester or bullae
  - adrenal suppression (if mom on steroids)
  - 2.8 - 10\% mild rash, resolve within weeks

- **mother:**
  - increased lifetime risk of Grave's disease

Pemphigoid gestationis: treatment

- Topical steroids & antihist. often ineffective
- Prednisone/prednisolone 0.5mg/kg/day (low amount crosses placenta)
- May need maintenance therapy - lower dose
- Likely need to increase dose before delivery
- Refractory: IVIg (.4-.5g/kg/d for 2-5 d/m)

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• Cholestasis of pregnancy/ prurigo gravidarum
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• Atopic eruption of pregnancy
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PUPPP/PEP: Clinical

- Papules begin in striae of lower abdomen/proximal thighs (91%); 97% eventually involve abdomen
- Spread to trunk and extremities
- 4/203 cases on palms or soles
- With time eczematous/polycyclic/targetoid

PUPPP/PEP: treatment

• topical steroids
• antihistamines
• systemic steroids

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Atopic Eruption of Pregnancy:
Prurigo of Pregnancy terminology

• Prurigo gestationis of Besnier
• Nurse’s early onset prurigo of pregnancy
• Spangler’s papular dermatitis of pregnancy
• Linear IgM disease of pregnancy
• ? Pruritic folliculitis

Atopic Eruption of Pregnancy: Prurigo of Pregnancy

- Excoriated papules/nodules
- Extensor limbs and abdomen
- Second/third trimester
- ? Elevated IgE
- Vaughan Jones: 5/12

Atopic Eruption of Pregnancy: 
Prurigo of Pregnancy/
Pruritic Folliculitis of Pregnancy
terminology

• described in 1981
• “lump” with prurigo of pregnancy

Atopic Eruption of Pregnancy: Prurigo of Pregnancy/ Pruritic Folliculitis of Pregnancy

clinical

• pruritic papules/ pustules
• trunk +/- extremities
• ? appear similar to steroid acne
• second/ third trimester; case report in first

Atopic Eruption of Pregnancy: Eczema in Pregnancy

• Occurs in early pregnancy
• Personal/family hx atopy; only 20% atopic dermatitis in past
• Eczematous eruption on flexural skin

Atopic Eruption of Pregnancy treatment

- Emollients
- Topical steroids
- Antihistamines
- Systemic steroids
- UVB

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Pustular psoriasis of pregnancy: clinical

- onset from late 1st trimester to 3rd trimester
- often begins in intertriginous regions
- involves trunk and extremities
- spares hands, feet, face

Pustular psoriasis of pregnancy: clinical

- Erythematous plaque with ring of pustules
- Enlarge at periphery; center crusted/eroded
- Annular; concentric rings of pustules
- Heals with post-inflammatory hyperpigmentation; no scarring

Pustular psoriasis of pregnancy: course

- remits quickly post-partum
- recurs with subsequent pregnancies; may recur with menses, OCP
- more severe and earlier onset with subsequent pregnancies

Pustular psoriasis of pregnancy: prognosis

• mother:
  • risk mortality decreased with steroids

• fetus:
  • placental insufficiency
  • stillbirths
  • more risk with increased time/severity of dz
  • poor outcomes seen even in controlled disease

Pustular psoriasis of pregnancy: treatment

- systemic steroids (eg prednisolone 80mg/d); modest response
- UVB
- Cyclosporin
- Infliximab
- correct hypocalcemia; fluid/electrolyte balance
- may require early delivery

Bellman, Berman. In Skin Changes and Disease in Pregnancy. 1996:137-9
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