

ABSTRACT

Background: The prevalence of pityriasis rosea varies from country to country in Africa and the burden of the disease is unknown in Uganda. Pityriasis rosea may present with different variants which can be grouped according to the characteristics of the herald patch, morphology, and distribution of the secondary eruption (Urbina, 2017). This varied presentation may pose some difficulty in making a diagnosis. Dermoscopy is a non-invasive diagnostic method that enables the observation of morphologic characteristics that are not seen by the unaided human eye (Bolognia, 2018, Sonthalia et al., 2019). There is no readily available data on the diverse clinical variants, and dermoscopic features of pityriasis rosea in Uganda.

Objective: The study aimed to determine the prevalence, describe the clinical variants, and dermoscopic features of Pityriasis rosea among patients attending the Skin clinic at MRRH.

Methods: A hospital-based cross-sectional descriptive study conducted for a 6-month period in the Skin clinic of MRRH in Southwestern Uganda. Data were collected from 1,802 consecutively recruited patients using structured questionnaires. Patients with a clinical diagnosis of Pityriasis rosea were examined including using a dermoscope and subsequently sent for KOH and TPHA tests to rule out fungal skin infection and secondary syphilis respectively then received routine care at the skin clinic.

Results: 54 patients with pityriasis rosea were seen giving a prevalence of 3.0% (95% CI: 2.3-3.9) with a median age of 20.5 and a peak incidence of 21-30 years with female predominance. Nineteen (35.19%) had a herald patch. Papules and plaques were the predominant morphologies noted in 47 (87.04%) and 34 (62.96%) respectively while most patients had lesions on the trunk and upper extremities, 51 (94.44%) of the patients each. Majority, 52 (96.30%) had a symmetrical pattern and 26 (48.15%) had a “Christmas-tree” pattern. None of them had oral nor nail involvement. Dermoscopy was done on a total of 162 lesions of which 19 were herald patches, 51 were truncal lesions, 52 on the extremities while 40 were on the face and neck regions. Common dermoscopic features consisted of a violaceous background noted in 145 (89.51%), white scales in 161 (99.38%), diffuse scale distribution in 57 (35.19%), perifollicular scale type in 61 (37.65%), brown-dotted pigmentary changes in 66 (40.74%). Other unique findings noted in a few lesions were; cloudy structures, petechial spots, erosions and punched out pits.

Conclusion: Pityriasis rosea is seen often among patients attending the skin clinic at MRRH with a prevalence of 3.0%, median age of 20.5, peak incidence of 21-30 years with female predominance. A few had a herald patch, majority presented with a polymorphic eruption predominated with papules and plaques, lesions mostly occurred on the trunk and upper extremities with a symmetrical pattern. Most prevalent dermoscopic features included: a violaceous background, white scales, diffuse scale distribution, perifollicular scale type, brown-dotted pigmentary changes with no visible blood vessels nor follicular changes. Other unique less frequently seen findings included; cloudy structures, petechial spots, erosions and punched out pits.

Keywords: “Herald patch”, “Papule”, “Plaque”, “Polymorphic”, “Symmetrical”, “Christmas tree pattern”, “Violaceous”, “Diffuse”, “Perifollicular”, “Micaceous”, “Brown-dotted” and “Cloudy structures”.