

Information Leaflet for Patients

PITYRIASIS ROSEA IN PREGNANCY

The aim of this leaflet

This leaflet has been written to help you understand more about pityriasis rosea in pregnancy. It will tell you what pityriasis rosea is, what causes it, and what can be done about it.

PITYRIASIS ROSEA IN PREGNANCY

What is pityriasis rosea?

Pityriasis rosea is a common rash that is self-limiting* and usually causes few symptoms. Its name is derived from the fine scales (pityriasis) and pink colour (rosea) seen in this condition. In most cases it resolves after 6 to 8 weeks but may last for longer.

** As for the term "self-limiting" – this means that the disease heals by itself – so also without any therapy – the therapy given is just to speed up resolution and improve associated itch.*

What causes pityriasis rosea?

The exact cause of pityriasis rosea is unknown, though it has been shown to be associated with some viruses, HHV-6 and HHV-7, which are types of herpes viruses. It tends to affect young people, between 10 to 35 years old, and is suspected to occur more frequently in pregnant women than in the general population.

Is pityriasis rosea hereditary?

No, this condition does not run in families, and will not be passed on to your children.

What are the symptoms of pityriasis rosea?

Occasionally people experience some mild fever and flu-like symptoms (e.g headache, arthralgia, cough) before the rash. The rash is usually not sore but can be itchy or uncomfortable.

What does pityriasis rosea look like?

The rash starts in most cases with a 'herald patch', a single scaly, round and pink area, usually on the torso. The herald patch tends to occur a few days to weeks before the rest of the rash and is usually larger than the other lesions. Later, a more generalised scaly pink rash appears on the body composed of smaller patches. These are often scattered in lines on the body, described as a 'Christmas tree' pattern. It mostly affects the torso and spares the face and the distal limbs. The rash

tends to slowly fade over the following 6-8 weeks, without leaving any scarring, though occasionally it can leave paler or darker areas that take months to resolve.

How is the diagnosis of pityriasis rosea made?

The clinical appearance is usually diagnostic, so laboratory tests are usually not needed. Sometimes the rash may look atypical, and your doctor may take some blood to exclude other diagnoses or wish to take a skin biopsy using local anaesthetic to confirm the diagnosis. Skin biopsies are safe in pregnancy.

Can pityriasis rosea be cured?

Pityriasis rosea is a self-limiting disease. The rash typically will clear by itself over 6-8 weeks and most of the time will not require treatment. Sometimes the rash is symptomatic or persists for longer and may be treated to speed up resolution. Pityriasis rosea may rarely occur again at some point in your lifetime but this is very uncommon.

Are there risks for the unborn baby?

In most women, pityriasis rosea does not affect the unborn baby. On rare occasions there are some risks associated with PR in pregnancy: a slightly increased risk of premature birth, a smaller baby (so called "small-for-dates", birth weight lower than 2500g) or a miscarriage if the rash occurs

early in pregnancy (especially during the first 15 weeks of gestation), if the rash lasts for a long time, if the rash is widespread or is associated with other generalised flu-like symptoms. There is limited and contradictory research on this topic, but negative outcomes are rarely reported in the literature.

How should pityriasis rosea be treated?

Careful follow-up with routine ultrasound scans is important for the well-being of both mother and baby and in order to detect any problems with the unborn child early.

Mild forms

Mild forms of pityriasis rosea do not need any treatment. Moisturisers and soap substitutes can relieve discomfort or itch. Antihistamines can help with itch, and loratadine is the safest antihistamine to be used in pregnancy.

Moderate and severe forms

For persistent itching, mild to moderate strength topical corticosteroids (TCS) can be used and are considered safe in pregnancy. The cream or ointment should only be applied to affected areas of the

skin. The amount should be as small as possible to be effective, and your doctor will be able to advise you about this.

Your doctor may also refer you for UV (ultraviolet)-phototherapy to reduce the itch and possibly enhance healing. Controlled ultraviolet light (UVB) is safe in pregnancy but you would need to continue folic acid supplementation during this treatment. Furthermore, you should always remember to cover your face during UV treatment to prevent facial hyperpigmentation (melasma/pregnancy mask).

Acyclovir tablets have been suggested for the treatment of PR. However, it is not licensed for this indication and results are conflicting. It should only be considered in individual cases with severe rash and/or itch.

Where can I get more information about PR?

<https://www.dermnetnz.org/topics/pityriasis-rosea>

<https://www.aad.org/diseases/a-z/pityriasis-rosea-treatment>

