

Polymorphic Eruption of Pregnancy

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Clinical Image

A 28-year-old primigravida at 34 weeks' pregnancy was evaluated for a 2-week history of intense pruritus associated with a gradually extending erythematous eruption affecting the abdomen, proximal thighs and upper limbs. Pruritus worsened at night, resulting in marked sleep disturbance. She reported no recent medication use, febrile episodes or personal or familial history of atopic disorder.

On examination, multiple erythematous papules merging into urticarial plaques were predominantly confined to the abdominal striae (Fig. 1), with involvement of the proximal thighs and upper arms, while the periumbilical area remained relatively spared. Vesiculobullous lesions, mucosal involvement and systemic findings were absent. Complete blood count, liver tests and serum bile acid concentrations were within normal limits. The clinical appearance and characteristic distribution supported a diagnosis of polymorphic eruption of pregnancy, also designated Pruritic Urticarial Papules and Plaques of Pregnancy (PUPPP). Topical corticosteroids, oral antihistamines and emollients provided partial symptomatic improvement. She subsequently delivered a healthy term infant, followed by spontaneous resolution of the eruption within several weeks postpartum, with no recurrence.

The pathogenesis of PUPPP has not been fully elucidated. Mechanical stretching of the abdominal skin has been suggested as a contributing factor, particularly in pregnancies associated with marked maternal weight gain,

multiple gestation, polyhydramnios or fetal macrosomia. Such distension may promote local inflammatory responses and alterations in connective tissue that favor development of the eruption [1]. The disorder is seen mainly in late pregnancy, particularly among primigravidas and postpartum presentation is less frequent. Its reported incidence is approximately 1 in 200 pregnancies [2]. Pemphigoid gestationis and atopic eruption of pregnancy should be considered in the differential diagnosis. Therapy is directed primarily toward symptom control and commonly includes corticosteroid creams and antihistamines [3].



Figure 1: Extensive erythematous papules and plaques arising within abdominal striae and extending to the proximal thighs in a 28-year-old primigravid woman.

Keywords: Erythematous Papules; Pregnancy; Pruritic Urticarial Papules and Plaques of Pregnancy; Abdominal Striae; Primigravid Woman

Conflict of Interest

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Data Availability Statement

The data supporting the findings of this study are available from the corresponding author upon reasonable request.

Ethical Statement

The project did not meet the definition of human subject research under the preview of the IRB according to federal regulations and therefore was exempt.

Informed Consent Statement

Informed consent was obtained from the patient included in the study.

Authors' Contributions

All authors contributed equally to this paper.

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