Pityriasis lichenoides et varioliformis acuta in pregnancy. Does it affect pregnancy outcome?

Sir

We would like to thank Dr. Eskandar MA for his unique case report in literature.[1] The documentation of the occurrence of pityriasis lichenoides et varioliformis acuta (PLEVA) during pregnancy as an anecdotal case report is beneficial as a starting step for future studies regarding the interaction between both. Other similar reports may be added to form a data base for further research. But any early conclusions regarding the effect of PLEVA on pregnancy and vice versa would be premature and imprecise. As a dermatologist, I would like at present, to set PLEVA free from the alleged premature labor (PL) and membranes rupture which has been sticked to it in this article till proved otherwise. Pityriasis lichenoides et varioliformis acuta, though of unknown etiology, is a well known disorder of usually self limiting course.[1] It is usually asymptomatic and without known complications.[1,2] Pityriasis lichenoides et varioliformis acuta does not belong to the group of dermatoses which occur in pregnancy and also it is not known to be one of the causes of PL like herpes gestationis. The PLEVA is usually a cutaneous disorder; the mucous membranes are exceptionally involved in the course of the disease.[2] In this ordinary case report[1] which was presented the vagina and cervix uteri were spared. Thus, I wonder how PL was attributed to PLEVA despite all these negative confirmations? We feel that the author has been too fast to link PLEVA and PL together. In fact, there is no criteria to form this conclusion. The claimed simultaneous remission of PLEVA and PL after penicillin administration, which might have suggested to the author a causative relation between them, might have been related to other factors in this particular patient. The following possibilities for PL can not be easily ruled out: 1. The response of a hidden infection other than PLEVA to penicillin. The infection as a provisional etiological factor proposed for PLEVA is still a hypothesis.[3] Hence, the known response of PLEVA to antibiotics is yet empirical, and provided that they are beneficial, penicillins are not known to be among them like tetracycline and erythromycin. We think that the alleged beneficial effect of penicillins in this case, if at all, might be due to: a) the existence of another infection; the rise of white blood cells count before penicillin administration to 12.8 and it's fall back to normal thereafter supports this proposal, as it is not known that leucocytosis occurs in PLEVA.[3] There are some reports with regards to the association of pityriasis lichenoides et varioliformis acuta and group-A beta hemolytic streptococcal infection,[4] also regarding the pityriasis lichenoides chronica resolving after tonsillectomy.[5] Does this explain the improvement of PLEVA after penicillin therapy in this patient? b) The natural spontaneous remission of PLEVA which might have masked the claimed beneficial response to penicillins, or: c) to unknown mechanism of action for penicillin on PLEVA other than the antibiotic effect. 2. A possible effect of litodorine chloride and magnesium sulfate on PLEVA, as they were given simultaneously with penicillin to suppress PL, and after withdrawing them both the labor progressed and PLEVA flared up again. 3. The presence of PL and neonatal death of unknown origin in the obstetric history of the mother suggests that obstetric causes other than PLEVA might have existed behind PL and they should have been searched for and blamed. Thus, we can't attribute the remission of PLEVA and PL to one factor (penicillin administration only), and we think better to separate etiologically between these 2 events. To support a causative relation between them, an evidence based study is required, but until that time comes, it is difficult to hang the heavy PL on a weak PLEVA hanger. One of the positive results of this case report, which was not referred to, might be the healthy vigorous infant with 9 Apgar score. This might imply that PLEVA does not have any complications on the fetus when it occurs in pregnancy. For this, even a statistical study is required as well, in order to confirm this provisional hypothesis or negate it. We are not aware of the terminology "cervical bone" which was used repeatedly in the article; probably, he means the "cervical cone" of uterus.

In conclusion, PLEVA with pregnancy should not be considered as a potential cause of PL until proved otherwise, and if ever, another cause should be sought till a real relation is established. It is too early to make a correct decision. We should not send a false red signal in gestation regarding this, up to date innocent**,** as any signal of hazard will have an intriguing implication on the treating doctors, so it should be scientifically titred and not haphazardly claimed.

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Erratum

In manuscript "Kukuchi-Fujimito disease" Saudi Medical Journal 2002; Vol. 23 (4) 405-408, the spelling of this disease throughout the article should have appeared as "Kikuchi Fujimoto disease". A previous Erratum appeared in Saudi Medical Journal 2002; Vol 23 (6) 754.

Erratum

In manuscript "Experience with the objective structured examination as a tool for students' assessment in the Department of Community Medicine and Primary Health Care in a University Hospital in western Saudi Arabia" Saudi Medical Journal 2002; Vol. 23 (2) 151-155, the title should have appeared as "Experience with the objective structured examination as a tool for students' assessment in the Department of Community Medicine and Primary Health Care in a University in Western Saudi Arabia"