

# 5.

## DERMATOLOGY

### CHAPTER

# PURPURIC PITYRIASIS ROSEA ASSOCIATED WITH COVID-19

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### BACKGROUND

Coronavirus disease-2019 (COVID-19) has started in December 2019 and still seriously affects the world (1). It was declared as a pandemic by the World Health Organization (WHO) on March 11, 2020 (2). It was affected almost all of the world in a short time presenting with interstitial pneumonia, severe respiratory failure and subsequent multiple deaths. Apart from the respiratory system, hematologic, cardiovascular, renal, gastrointestinal, hepatobiliary, endocrinologic, neurologic, ophthalmologic, and dermatologic systems can also be affected (3). Data on COVID-19 skin involvement are increasing and virus-specific skin manifestations are attempted to be detected. Recognition of skin manifestations can make it easier to identify asymptomatic patients (4, 5).

Among the skin manifestations that are observed along with COVID-19, acro-cutaneous (pernio or chilblain-like) lesions and maculopapular rash are reported as the most common finding (6). Apart from these, classification has been made according to their morphologies such as vesicular lesions, livedoid and/or necrotic lesions and urticarial lesions. Pityriasis-like rashes are included in the maculopapular group (7).

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## CONCLUSION

There has been an increase in pityriasis rosea disease during the COVID-19 pandemic. Holistic approach to pityriasis rosea cases developed after COVID-19 infection important. Including dermatological and histopathological manifestations, questioning the patients about other viral factors and using appropriate tests are the part of this approach. We think that these methods will contribute to the enlightenment of both PR and COVID-19 pathophysiology.

## TAKE HOME MESSAGES

\*Pityriasis rosea cases increased during the pandemic period. The history of COVID-19 in these cases should be carefully examined in terms of other PR etiologies. Patients may be asked to examine in terms of EBV, HHV-6-7.

\*These data may be a guide on both the clinical presentation of coronavirus and the etiopathogenesis of PR disease.

## DIFFERENTIAL DIAGNOSIS WITH MOST COMMON CAUSES

A viral etiology for PR has been hypothesized but not clearly defined. Infections, drug reactions, atopy, psychogenic disturbances, and autoimmunity are suggested causes. Upper respiratory tract infections that precede pityriasis rosea suggest the role of *Streptococcus*. Recently, reactivation of latent Human Herpesvirus-6 and Human Herpesvirus-7 infection have been found as the possible etiologic agents (10, 22, 23).

Pityriasis rosea-like eruptions have been reported after vaccinations such as Bacillus Calmette-Guerin (BCG), influenza, H1N1, diphtheria, smallpox, hepatitis B, and *Pneumococcus*.

Eruptions have also been detected with drugs such as gold, captopril, barbiturates, D-penicillamine, and clonidine, angiotensin-converting enzyme inhibitors, hydrochlorothiazide, metronidazole, allopurinol, and nimesulide (10, 24, 25).

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