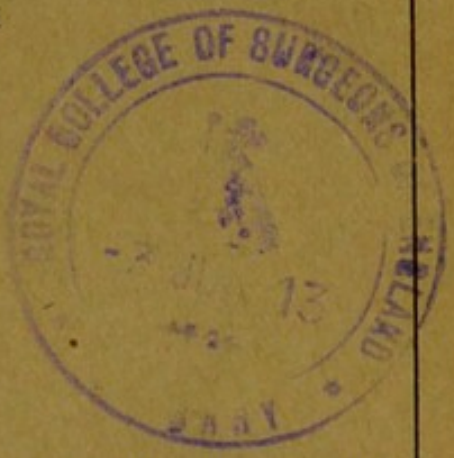
A broader view of Pityriasis rosea / George Henry Fox.

7

A Broader View of Pityriasis Rosea

GEORGE HENRY FOX, M.D.
NEW YORK



Reprinted from The Journal of the American Medical Association
August 17, 1912, Vol. LIX, pp. 493-497

A BROADER VIEW OF PITYRIASIS ROSEA*

GEORGE HENRY FOX, M.D.
NEW YORK

The text of my brief remarks may be found on the first page of a carefully written and valuable paper read before the Section on Dermatology, nine years ago, by Dr. Ludwig Weiss.[1] In reference to Gibert, Dr. Weiss says, "His classical description is recognized as the standard by which the affection which bears his name is diagnosed." This is an accurate statement of a fact, and against this fact or condition of affairs I would like to protest. This classical description of what is now a well-known, if not a common, affection, reads as follows:

> Small furfuraceous spots, very lightly colored, irregular, hardly larger than the nail, numerous and near each other though always separated by an interval of healthy skin, pruriginous, spreading on the upper portion of the body, especially the neck, chest and upper portion of the arms, and extending in succession downward to the thighs, so that the total duration of the eruption, which disappears gradually from the parts first affected while extending downward, generally lasts six or eight weeks. The eruption, more common in women than in men, is seen more frequently during the summer season. It is chiefly seen in childhood and in individuals with delicate white skin.

After years of clinical study of this disease by competent observers both in Europe and America, is it incumbent on us still to recognize this description as our standard in the determination of what constitutes pityriasis rosea? By no means! Dr. Weiss expresses surprise that Gibert failed to describe the circinate form of lesions and adds, "As the disease, in almost every instance, occurs in the maculo-annular form we must infer that Gibert has seen a peculiar macular form of it or that there may be two forms of pityriasis rosea." I am willing to join heartily with Dr. Weiss in shouting,

---

* Read in the Section on Dermatology of the American Medical Association, at the Sixty-Third Annual Session, held at Atlantic City, June, 1912.

1. Weiss, L.: The Journal A. M. A., July 4, 1903, p. 20.

"Glory to Gibert!" for his early though incomplete description of the disease but must remain of the opinion that he knew far less about it than you or I and that he selected for it a rather poor name.

The name "pityriasis," meaning a bran-like desquamation of the skin, is as old as Hippocrates and most appro-

Fig. 1.—Pityriasis rosea of the circinate type, confluent, on chest, showing tendency to invade the axillary region.

priate to the condition of skin to which it has so long been applied. The name "pityriasis rosea" has now been in use for fifty years and one would be rash to suggest a change even though he might regard the term "pityriasis circinata," used later by Hardy, Horand and other French writers, as a much better one. The roseate tint,

Fig. 2.—Back of same patient.

seen only in the developing lesions, is by no means a striking feature of the picture which the disease usually presents and does not compare in diagnostic importance with the peculiar outline of the lesions.

Bazin, Duhring and others have described cases of this disease under the title of "pityriasis maculata et cir-

cinata," which is unnecessarily long. While the adjective "circinata" is admirably adapted to many, if not to most cases, objection might be justly raised to the use of the term "maculata." A macule, by common consent, has long been defined as a smooth cutaneous lesion. In this strict use of the word a squamous macule is an absurdity. The lesions in the disease under discussion

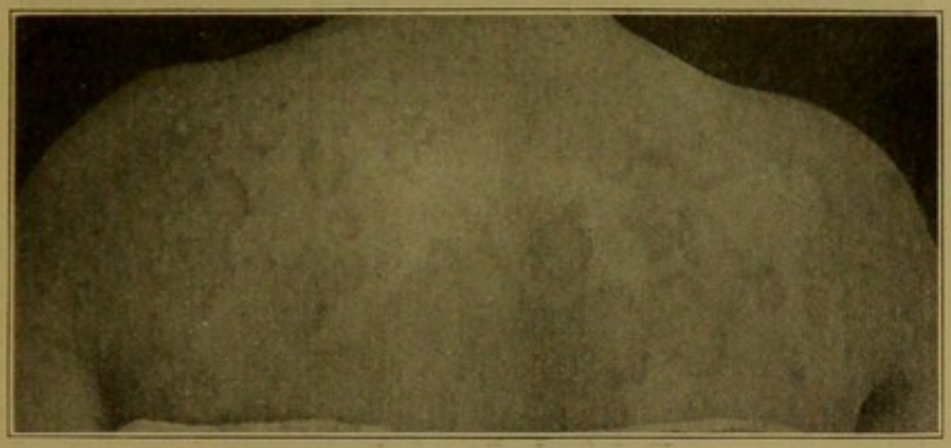


Fig. 3.—Showing serpiginous development of lesions on back of same patient.

may be discrete and disseminate and even maculiform, but they cannot properly be termed "macular," "maculous" or "maculate." In some cases of psoriasis, the desquamation is fine and bran-like and we might as well speak of "psoriasis maculata" as of "pityriasis maculata."

Fig. 4.—Lichen annulatus serpiginosus of Wilson (lesions on chest). Some will regard this as distinct from pityriasis rosea because it is limited in extent and runs a chronic course, but according to high authority and clinical study pityriasis rosea may be chronic and occupy a limited area.

But let us pass to the symptomatology of the disease which is far more important than its nomenclature. Gibert states, and so does nearly every modern text-book writer, that the lesions are isolated and of finger-nail size. This size may be a fair average in many cases but

the lesions are often much larger. Sometimes they become confluent and extensive marginate patches may result, which, if the eruption has not been observed from the outset, are commonly regarded as seborrheic dermatitis.

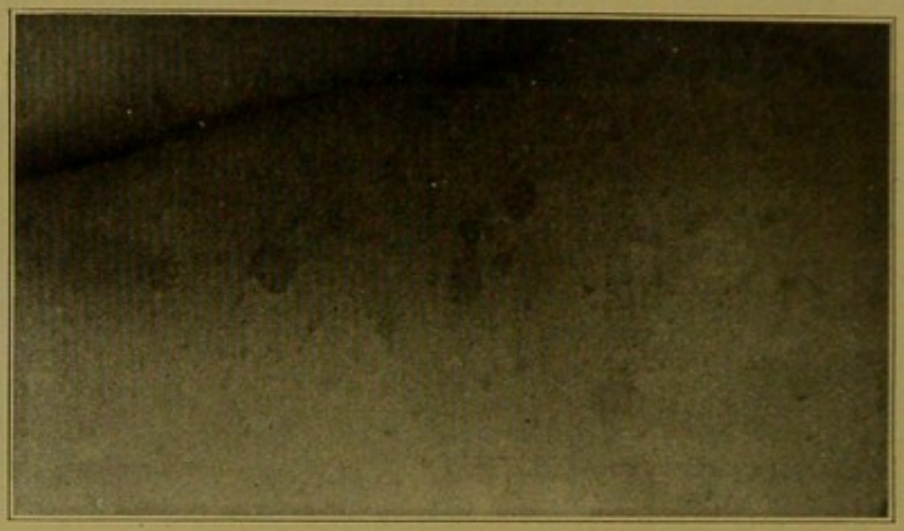


Fig. 5.—Punctate and circinate lesions on buttock and thigh. The latter are clinically identical with those seen on the chest in Case 4.

In many cases, the lesions are punctate or guttate in size, as well as nummular, and may remain so during the course of the eruption. In most cases, a considerable variation is found in the size of the lesions as may be noted in the accompanying illustrations. The punctate

Fig. 6.—Confluent circinate lesions on arm and forearm.

and guttate varieties of the eruption are not uncommon, but the confluent and diffuse variety with a marginate border is rare, generally unrecognized and rarely mentioned in text-book descriptions. These diffuse and marginate patches may occur on both trunk and extrem-

ities, but manifest a predilection for the axilla and groin. Considering its multiform lesions the descriptive adjectives, "punctata," "guttata," "nummulata" and "diffusa" are quite as applicable to cases of pityriasis rosea as they are to cases of psoriasis.

It is indeed strange that Gibert failed to mention the circinate lesions of this disease observed by all later writers. Erasmus Wilson had previously described a circinate eruption under the name of "lichen annulatus

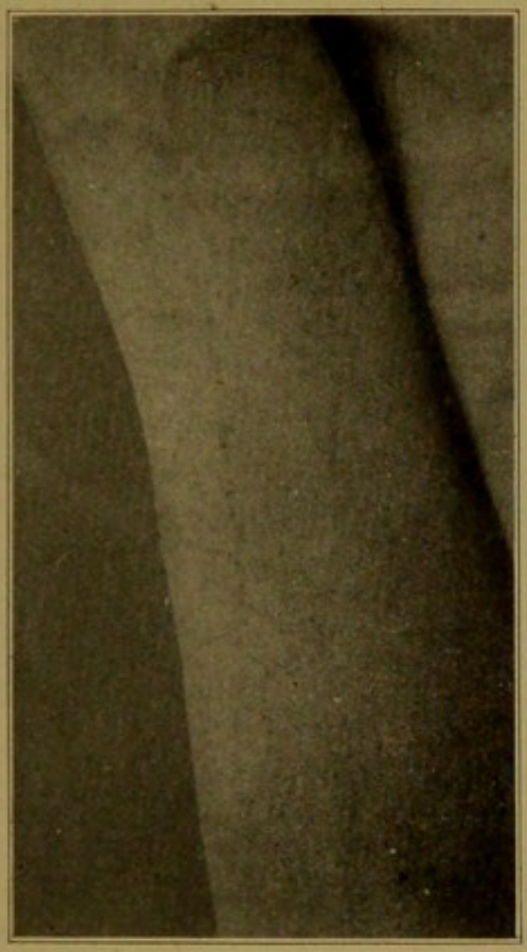


Fig. 7.—Pityriasis rosea diffusa of flexor surface of the forearm, a condition not described in text-books.

serpiginosus," which we now occasionally see and which I believe is a circinate form of pityriasis rosea with a follicular or papular border. I present an excellent illustration (Fig. 2) of this eruption and imagine that many of you will shake your heads ominously and say that it is not a case of true pityriasis rosea. But a precisely similar lichenoid ring is seen on the thigh in the adjoining illustration (Fig. 5), and this was an almost typical case of Gibert's disease, even if it did not correspond

with his imperfect description. The serpiginous tendency of many circinate lesions is not mentioned in the descriptions of this affection and may be well studied in the two illustrations representing the back of the same patient taken at an interval of two weeks (Figs. 3-4).

Indeed, our text-book descriptions of pityriasis rosea need many additions and corrections. In one of the best, contributed by Thibierge to "La Pratique Dermatologique," the writer speaks of clinical forms and mentions a superior cervical localization which never extends beyond the submaxillary region. In the last case I saw, three days ago, a woman presented elongated lesions on the neck, typical medallions on the shoulder and a fading primitive plaque on the check just above the angle of the jaw where, as she stated, the eruption had begun three weeks before.

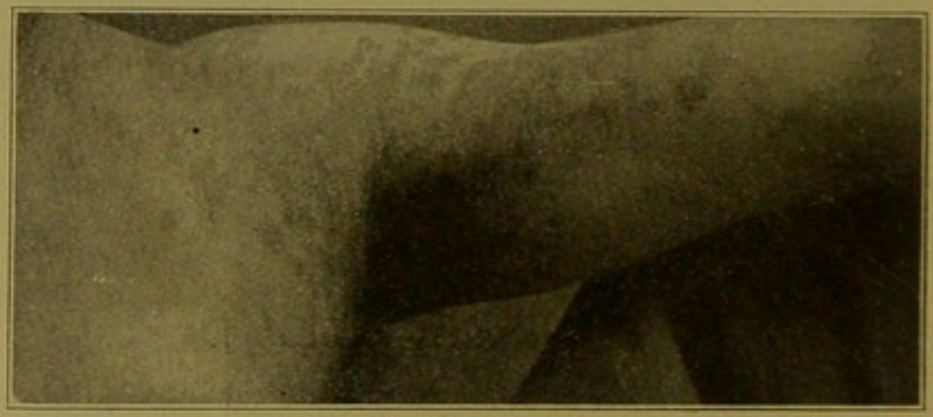


Fig. 8.—Pityriasis rosea of chest, arm and axilla.

In speaking of pityriasis rosea of the axilla and groin I realize that I am treading on dangerous ground, and will certainly be accused of confounding diseases which are distinct clinical entities. If I were to assert that Hebra's eczema marginatum is a form of pityriasis rosea, it would doubtless suggest a commission *de lunatico inquirendo*. But I will make bold to offer the suggestion that there exists a clinical kinship and that for every step of the long distance between them a case in the clinic may be found. In the illustrations showing eruption of the inguinal region (Figs. 11-13), the first may or may not be accepted as a case of pityriasis rosea. The second would be less likely to be accepted as such were it not for the typical "primitive plaque" on the abdomen. When such an eruption becomes gradually transformed into the one seen in the next illustration (Fig. 13),

which frequently happens, the disease usually changes its name as well as its character. In the illustrations showing eruption of the axilla various gradations between disseminate and superficial scaly patches and the large single marginate patch may be seen.

Vidal, in describing pityriasis circinata et marginata which is generally conceded to have been nothing other than Gibert's disease and not due as he claimed to a special microsporon, says that in certain regions, as the

Fig. 9.—"A case for diagnosis." Pityriasis rosea *vel* eczema-marginatum? Lesion in axilla.

axilla and groin, the lesions may become confluent and form marginate patches and that when this affection has existed several months in the axilla or groin it may provoke an intertrigo or even an eczema, a form of Hebra's eczema marginatum. That pityriasis rosea may become irritated and eczematous, especially on the legs, is shown by cases in which the acute inflammatory symptoms have almost obscured the original circinate eruption.

Wilson, in his description of lichen annulatus which included many features of pityriasis rosea, mentions one form occurring about the perineum which he termed lichen marginatus and points out its resemblance to

Fig. 10.—Eczema marginatum, so-called, in axilla.

eczema marginatum. Stelwagon, in discussing eczema seborrhoicum, speaks of cases in which patches in the axillæ and about the genitalia appear as flat scaly spots or papules often disk-like or circinate with but a slight or

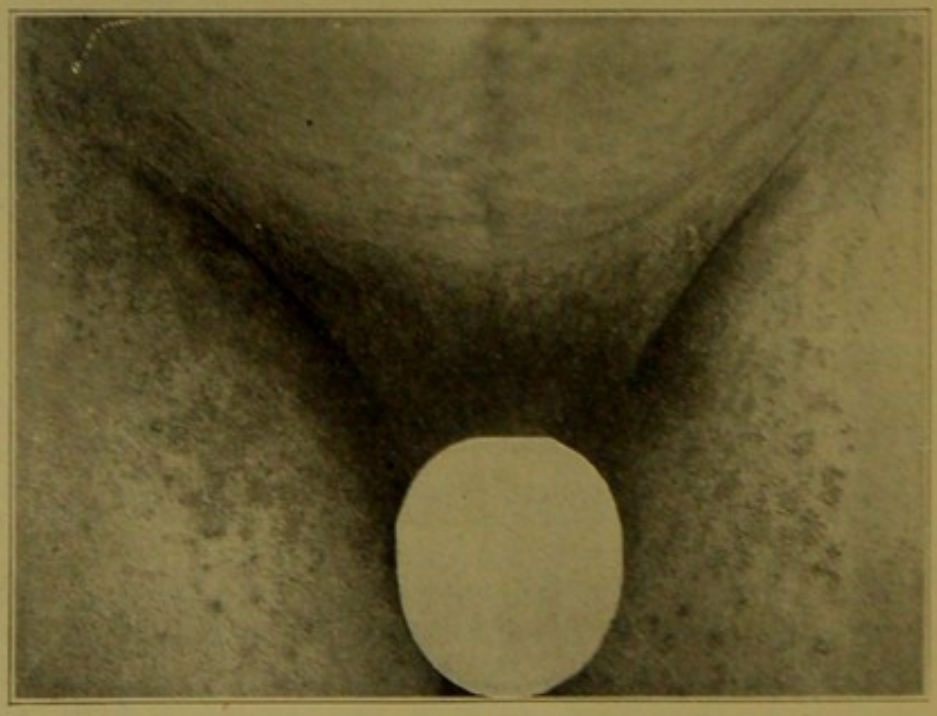


Fig. 11.—Pityriasis rosea of inguinal region.

moderate scaliness. When we consider the great similarity if not identity of these scaly rings, have we not as much reason for associating such cases with pityriasis rosea as with eczema, which is notably a disease manifest-

ing no tendency whatever to circinate arrangement? But some one will say that these lesions, like circinate scaly lesions on the chest and elsewhere, are often persistent and do not run a definite course. This naturally raises the question whether pityriasis rosea is always an acute affection.

If we follow Gibert's definition as subserviently as many do, a case ought not to last longer than eight weeks. Should it happen to do so, it must be at once transferred to that clinical catch-all, seborrheic dermatitis. For many years I have been convinced that pityriasis rosea,

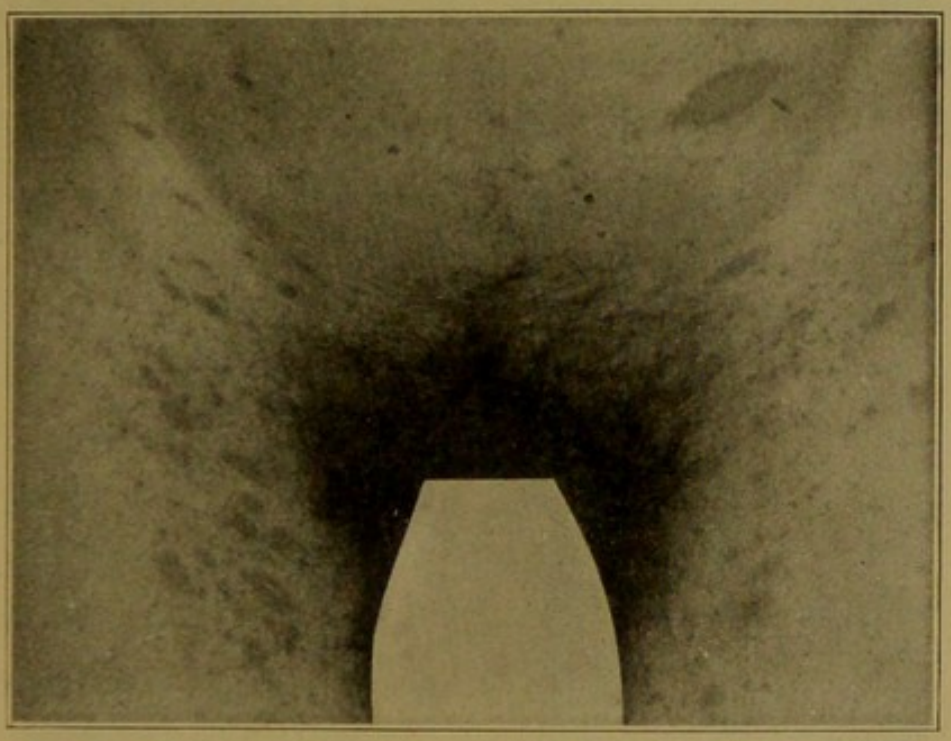


Fig. 12.—An eruption in inguinal regions which few would admit to be pityriasis rosea were it not for the unmistakable "primitive plaque" seen on the abdomen.

like eczema, psoriasis and lichen planus, occurs in both an acute and a chronic form. It is true that the chronic form is an exception to the rule, while in lichen planus it is the acute form which is exceptional. I will not take up time by argument on this question but will merely say that in a recent glance at the literature of this subject I have found that Fournier reports a case characterized by persistence and confluence of lesions on the trunk. Hallopeau mentions a case lasting four years and Besnier claims to have seen many cases of prolonged pityriasis rosea. Men of such great experience and competence,

fellow-countrymen and possibly students of Gibert, ought surely to know a case of pityriasis rosea when they see it.

In conclusion, I must confess my inability to state precisely what pityriasis rosea is. I have tried to show that it is not the restricted disease which is commonly portrayed in our text-books and would urge on my colleagues who are younger and more ambitious than I

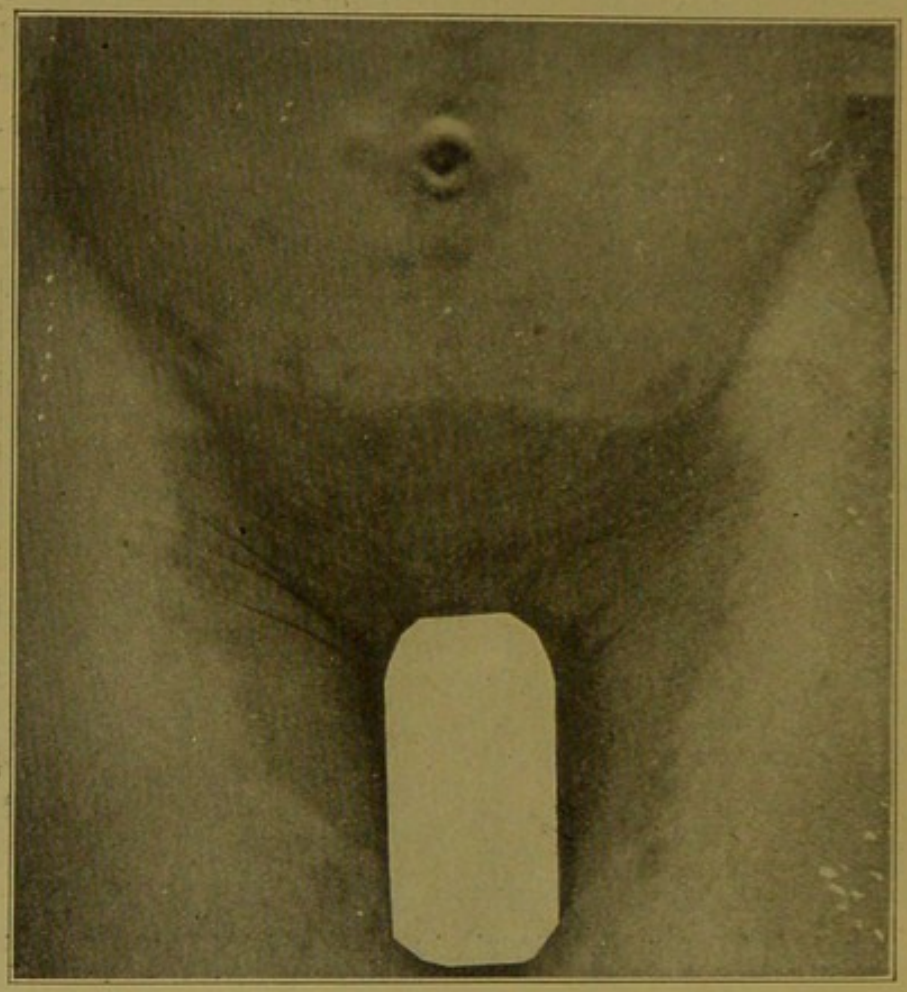


Fig. 13.—An eruption over pubes, inguinal regions and inner surface of thighs of practically similar nature which one might justly call pityriasis rosea diffusa, but which many would call eczema seborrhoicum despite the facts that the eruption is neither eczematous nor due to a flow of sebum.

to write an accurate description of the disease in all its clinical phases, based on clinical study and unhampered by the moss-grown misstatements of dermatologic literature. To the neophyte, the text-book offers a fruitful field for the study of skin diseases serving as a guide and interpreter. But for the experienced student of dermatology, versed in the literature of his subject and with eyes sharpened by years of careful observation, the

clinic should take the place of the text-book as the basis of dermatologic knowledge. Unfortunately it often fails to do this. A profound respect for tradition and a slavish adherence to the views which our predecessors have expressed lead many of us to accept statements and opinions which are controverted by the facts of every-day experience. To Gibert, who first used the name "pityriasis rosea" and who accurately described some of its clinical features, great credit is certainly due. But he did not claim to say the last word respecting this disease and it is a pity that so many of us who have had equal opportunities for clinical study are so inclined to base our opinions on what Gibert and others have said instead of on what we ourselves have seen or may see in any large dermatologic clinic.

616 Madison Avenue.