Dermatoses Of Pregnancy

Essay

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Abstract

Awareness of pregnancy-related skin changes can facilitate improved care of women during pregnancy by identifying those skin changes that require further evaluation. Women experience significant immunologic, endocrine, vascular and metabolic changes during pregnancy that can cause both physiologic and pathologic alterations in the skin, nails, and hair. This review discusses the physiologic changes and pruritic dermatoses that are specifically associated with pregnancy. The effect of pregnancy on preexisting skin diseases and safe treatment options for usage during pregnancy will be provided.

Key words: Pregnancy – Pruritic dermatoses.

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List Of Abbreviations

µmol/l	Micro mole per litre.
AD	Atopic dermatitis.
AEP	Atopic eruption of pregnancy.
Anti-dsDNA	Anti(Double stranded)DNA.
AntiU1RNP	AntiU1Ribonucleoprotein.
Bp	Bullous pemphigoid.
BpAg2	Bullous pemphigoid antigen 2.
C	Complement component.
CD1a	Cluster of differentiation 1a.
CHB	Congenital heart block.
DEJ	Dermoepidermal junction.
DIF	Direct immunofluorescence.
DNA	Deoxyribonucleic acid.
ELISA	Enzyme-Linked Immuno Sorbent Assay.
EN	Erythema nodosum.
EPP	Erythropoietic protoporphyria.
FDA	Food and Drug Administration.
GGT	Gamma-glutamyl transpeptidase.
HCG	Human chorionic gonadotropin.
HE	Hematoxylin and eosin.
HG	Herpes gestationis.
HLA	Human leukocyte antigen.
HNA	Hyperkeratosis of nipple and areola.

HPL	Human placental lactogen.
HQ	Hydroquinone.
HSV	Herpes simplex virus.
ICP	Intrahepatic cholestasis of pregnancy.
Ig	Immunoglobulin.
IH	Impetigo herpetiformis.
IIF	Indirect immunofluorescence.
IL	Interleukin.
IMF	Immunofluorescence.
IVIG	Intravenous immunoglobulin.
KDa	KiloDalton.
Lab	Laboratory.
LAI-P	Lupus activity index in pregnancy.
LASERS	Light amplification of stimulated emission of radiations.
MHC	Major histocomptability complex.
m-SLAM	Modified Systemic lupus activity measure.
NC16A	Non collagenous domain.
Nd:YAG	Neodymium-doped yttrium aluminium garnet.
NLE	Neonatal lupus erythematosus.
nm	Nanometer.
NSAIDS	Non steroidal anti-inflammatory drugs.
PCT	Porphyria cutanea tarda.
PEP	Polymorphic eruption of pregnancy.
PFP	Pruritic folliculitis of pregnancy.
PG	Pemphigoid gestationis.
PP	Prurigo of pregnancy.

PPROM	Preterm premature rupture of membrane.
PUPPP	Pruritic urticarial papules and plaques of pregnancy.
PUVA	Psoralen+ultraviolet A.
PV	Pemphigus vulgaris.
SLAM	Systemic lupus activity measurement.
SLE	Systemic lupus erythematosus.
SLEDAI	Systemic lupus erythematosus disease activity index.
SLEPDAI	Systemic lupus erythematosus pregnancy disease activity Index.
Th	T helper cells.
USA	United States of America.
UVA	Ultraviolet A.
UVB	Ultraviolet B.

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Introduction and Aim Of The Work

Introduction

Pregnancy is a period throughout which women undergo significant changes. Virtually all body systems are affected, including the skin **(Kroumpouzos and Cohen, 2002).**

During pregnancy, skin changes are common. Many of these changes are normal, directly related to the physiological changes of pregnancy and should not be mistaken for a skin disorder. Fortunately most of these skin changes are of no risk to the mother or baby and are simply the marks of motherhood **(Kroumpouzos and Cohen, 2001).**

During pregnancy profound immunologic, metabolic, endocrine and vascular changes occur, which make the pregnant woman susceptible to changes of the skin and appendages, both physiologic and pathologic. The correct diagnosis and treatment of these changes during pregnancy are essential to ensure the health of both mother and fetus. A careful history and thorough physical examination by a dermatologist can relieve anxiety about the nature of these skin conditions and the possible fetal or maternal risks associated with them **(Ruiz-Villaverde et al., 2004).**

These changes may range from normal cutaneous changes that occur with almost all pregnancies, to common skin diseases that are not associated with pregnancy, to eruptions that appear to be specifically associated with pregnancy. Common skin conditions during pregnancy generally can be

separated into three main categories: physiological skin conditions from normal hormonal changes; pre-existing dermatoses affected by pregnancy and pregnancy-specific dermatoses **(Esteve et al., 1994).**

The skin shows many physiological changes during pregnancy. Although these physiological skin changes do not usually impair the health of the mother or the fetus, some can be cosmetically significant and of importance to the dermatologist. These changes may include striae gravidarum (stretch marks); hyperpigmentation (e.g., melasma); vascular, glandular and hair and nail changes **(James et al., 1987).**

Pre-existing skin conditions (e.g., atopic dermatitis, psoriasis, fungal infections, and cutaneous tumors) may change during pregnancy **(Winton, 2005).**

Pregnancy-specific skin conditions include pruritic urticarial papules and plaques of pregnancy, prurigo of pregnancy, intrahepatic cholestasis of pregnancy, pemphigoid gestations, impetigo herpetiformis, and pruritic folliculitis of pregnancy. Pruritic urticarial papules and plaques of pregnancy are the most common of these disorders **(Rezende, 2002).**

Most skin conditions resolve postpartum and only require symptomatic treatment. However, there are specific treatments for some conditions (e.g., melasma, intrahepatic cholestasis of pregnancy, impetigo

herpetiformis, and pruritic folliculitis of pregnancy) which may be given to the patient **(Pierard et al., 2004).**