

CASE REPORT ON PITYRIASIS ROSEA IN SEPSIS PATIENT

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ABSTRACT

Pityriasis rosea, also known as pityriasis rosea Gibert, is a papulosquamous disorder characterized by a common skin condition featuring a generalized scaly eruption, typically manifesting on the trunk and proximal extremities, which gives it a distinctive "Christmas Tree" appearance. This case report delves into the medical history of a 65-year-old male suffering from bronchial asthma, who presented with complaints of swelling and pain in the left limb. Following a venous Doppler examination confirming left lower limb cellulitis, further investigations revealed additional health concerns, including fatty liver, acute kidney injury, compartment syndrome, and sepsis. Subsequently, the patient underwent above-knee amputation of the left lower limb and below-knee amputation of the right lower limb. Later, on the 51st day of admission, the patient developed itching and redness over the trunk, prompting a dermatological evaluation. Upon examination, distinct erythematous patches with mild scaling were observed distributed across the patient's back. A potassium hydroxide (KOH) examination of the patient's collected specimen confirmed the presence of Pityriasis Rosea. This particular case of Pityriasis Rosea was attributed to the development of bed sores, representing a rare association between these two conditions. Consequently, this case report underscores the critical importance of diligent monitoring for the presence of bed sores to prevent the onset of such scaly lesions and potential complications.

KEYWORDS: Pityriasis Rosea, bed sore, Sepsis, Cellulitis.

INTRODUCTION

Pityriasis rosea also known as pityriasis rosea gibert, which means rose-colored scale; is a papulosquamous disorder and is a common skin disease and characterised by generalized scaly eruption typically on the trunk and proximal extremities giving it a "Christmas Tree" appearance. It is a common acute, self-limiting papulosquamous dermatosis that primarily affects children and young adults. It usually starts with a herald patch on the trunk and progresses along the Langer lines to a generalized rash over the trunk and limbs.^[1] The causative agent may be bacteria or virus. The exact cause of pityriasis rosea is not known; but features like seasonal variation and clustering in communities suggest it as an infectious disease. The herald patch is an erythematous lesion with an elevated border and depressed center. The generalized rash usually presents two weeks after the herald patch. Patients can develop general malaise, fatigue, nausea, headaches, joint pain, enlarged lymph nodes, fever and sore throat before or during the course of the rash. The treatment mainly includes the use of emollients, antihistamines, and topical steroids. Macrolides and acyclovir lead to faster resolution of lesions and help to relieve pruritis. Narrow band ultraviolet B therapy is also used.^[2]

CASE REPORT

A 65 year old male patient was admitted to surgery department on 11/12/2023 who is a known case of bronchial asthma with complaints of swelling over the left limb since 2 days and complaints of pain in left lower limb since yesterday. Patient was apparently alright 1 week back when he sustained trauma to left lower limb stick injury after which he developed swelling in lower limb and foot since 3 days. The swelling was insidious in onset and progressive nature involving the entire left lower limb and foot.

In the general physical examination, edema was present. In vitals, pulse rate was found to 140 BPM, BP 100/70 mm Hg, Temperature was Afebrile and RR is 22 CPM.

On local examination

Left lower limb: Tenderness present, pitting edema extended till below knee, skin is tense and shiny, Dorsalis Pedis + Feeble, 3*2 cm Linear wound present over anterior part of left lower limb, Induration associated with redness, Local rise of temperature was found to be positive.

LABORATORY INVESTIGATIONS

- ON 14/12/2023, Culture sensitivity reports showed *Stenotrophomonas Maltophilia*.
- ON 17/12/2023, ET culture showed *Kliebsiella pneumoniae*, *SSP pneumoniae*.
- Blood culture sensitivity showed *Burkholderia Cepacia*, Pus wound site culture showed *Pseudomonas SSP*.

Table 1: Laboratory Investigations.

DATES	LAB PARAMETERS
04/01/2024	Serum Sodium – 145 mmol/L
	Hb- 7.5 g/dl
	Total Count-11,930 cells/cumm
	Serum Pottasium- 3.1 mmol/L
	Chloride -103.0 mmol/L
06/01/2024	Serum creatinine-1.1 mg/dL
	Serum Sodium- 138 mmol/L
	Serum pottasium-5.6 mmol/L
	Serum chloride- 102.0 mmol/L
	Serum Creatinine- 1.82 mg/Dl

INVESTIGATIVE PROCEDURE

- ON 10/12/2023, Left Lower Limb Venous Doppler done which showed diffuse subcutaneous edema notes from below knee to dorsum, left inguinal lymphadenopathy.

DIAGNOSIS

Laboratory investigations revealed Fatty liver, left lower limb cellulitis, Sepsis, Compartment synfreme and Acute Kidney injury.

THERAPEUTIC PROCEDURES

- Emergency fasciotomy done on 11/12/2023
- Major wound debridement of left lower limb done on 17/12/2023
- 8 cycles of Hemodialysis done for the patient.
- Left lower limb above knee amputation and right lower limb below knee amputation done on 04/01/2024.
- ON 31/01/2024, DERMATOLOGY OPINION was taken I/V/O itching and redness over trunk, back since 3 days.
- O/E, well – defined erythematous patches with mild scaling distributed all over the back.
- KOH examination was done on the patient's collected specimen which confirmed the skin condition of Pityriasis Rosea.

The treatment adviced was to continue Olesoft Max Lotion 1-0-1.

Momate Lotion 0-0-1 over 1 week only then stop.

Tab. Teczine 5 mg 0-0-1 (10).



FIGURE 1.



FIGURE: 2.

DISCUSSION

Pityriasis rosea (PR), is a benign rash first described by Gibert in 1860; the name means “fine pink scale”. Initially shows a herald patch followed by the formation of a generalized scaly oval eruption along the Langers lines which resembles Christmas Tree appearance. It is a common cutaneous disease reported in all races with an incidence of 6.8 per 1000 dermatological cases. The exact etiology of PR is not known however it may be due to viral, bacterial infections and may also be drug – induced such as ACE inhibitors, NSAIDS, hydrochlorothiazide, gold, captopril atypical antipsychotics, barbiturates. It may be also triggered after vaccination like the BCG vaccine, smallpox, hepatitis B, Pneumococcus and Covid-19 vaccines.^[3] Next main clinical symptom which comes is the formation of herald patch.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

PATIENT CONSENT

The patient addressed in this case report has provided consent for publishing, acknowledging the report's nature and understanding that their identity will be kept confidential.

ABBREVIATIONS

ACE inhibitors – Angiotensin – Converting Enzyme inhibitors; **NSAIDs**- Non – Steroidal Anti-Inflammatory Drugs; **BCG vaccine** – Bacillus Calmette Guerin Vaccine; **PR** – Pityriasis Rosea.

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