

Response to “Transformation from pityriasis rubra pilaris to erythema gyratum repens–like eruption without associated malignancy: A report of 2 cases”



To the Editor: We recently read with great interest the article “Transformation from pityriasis rubra pilaris to erythema gyratum like eruption without associated malignancy: A report of 2 cases” by Richey et al.¹ We also report a recent case of erythema gyratum repens (EGR) in a 65-year-old woman with no identifiable malignancy. In contrast to the cases described by Richey et al,¹ our patient’s disease did not transform from pityriasis rubra pilaris. Our patient presented with a 5-month history of widespread pruritic rash. On examination, she had classic erythematous gyrate concentric bands with fine trailing scale consistent clinically with EGR. The rash involved her upper limbs, lower limbs, and trunk. The histologic findings were supportive showing acanthosis and parakeratosis with mild superficial perivascular lymphohistiocytic infiltrate. The patient had a strong family history of malignancy with 2 sisters with breast cancer diagnosed in their early 50s and a daughter who died of ovarian cancer at age 16. We therefore did a thorough paraneoplastic workup including computed tomography of thorax, abdomen, and pelvis; positron emission tomography/computed tomography; upper and

lower gastrointestinal endoscopy; tumor markers; and blood tests including lactate dehydrogenase and QuantIFERON. Esophagoduodenoscopy found a severe pangastritis and *Helicobacter pylori* infection. Interestingly, in our patient’s case, her eruption cleared after antimicrobial therapy for *H pylori* eradication, which consisted of amoxicillin, 1 g twice a day orally, clarithromycin, 500 mg twice a day orally, and pantoprazole, 40 mg, twice a day orally for 14 days. The rash began to clear gradually within days of commencement of antibiotics and was clear (Fig 1, B) 2 days after completion of a 2-week antibiotic course. She is still clear 6 months after treatment. We agree with the authors that EGR does not necessarily indicate an underlying malignancy. However, we will be following up with this patient very closely given her significant family history of malignancy and bearing in mind that EGR is reported to predate the onset of malignancy to a mean period of 7 months.²

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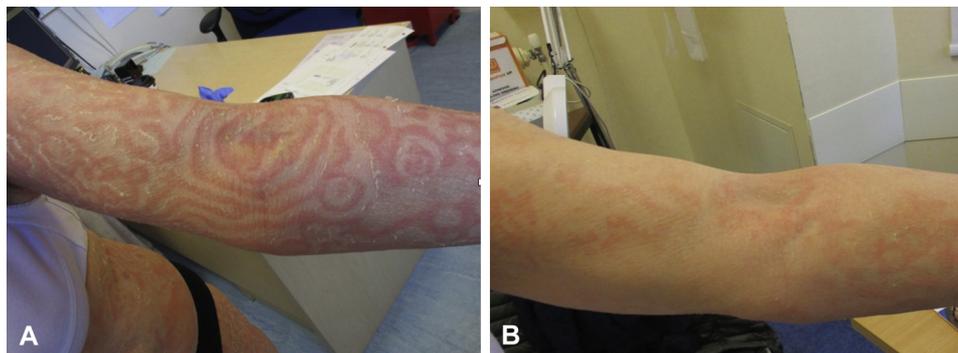


Fig 1. EGR. Initial presentation (A) and resolution following antibiotics (B).

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