

## LETTERS TO THE EDITOR

Dear Editor,

**Re: One-year Review of Pityriasis Rosea at the National Skin Centre, Singapore**

I refer to a paper published in the *Annals* Vol. 28 No. 6 November 1999 titled "One-year review of pityriasis rosea at the National Skin Centre, Singapore" by Drs Y K Tay and C L Goh. I would like to point out that a prospective study on pityriasis rosea was done at the then Middle Road Hospital in 1986 and we do have epidemiological data on the condition in Singapore. The study done by the undersigned was published in the *Singapore Medical Journal* 1989; 30:60-62 but not referred to by the authors of the current paper.

I would like to highlight a few aspects of the condition which differ from results of the present review.

Pityriasis rosea is indeed a common skin condition. A concern of most doctors is that of accuracy of clinical diagnosis. Herald patch is supposed to be a distinctive feature of this condition and should therefore aid in the diagnosis. Our study showed this feature to be present in 43% of patients and situated on the trunk in the majority of patients. This figure contrasts with that quoted by Drs Tay and Goh who mentioned that herald patch was present in only 17% of the patients studied. It is likely that the latter figure of 17% is not representative of the condition as seen in Singapore since data collection tends to be inaccurate in a retrospective study such as theirs.

VDRL test was done on 79% of the 214 patients studied compared to 16% of patients studied by Tay and Goh; the tests were negative in all except 2 patients with biological false positive results. This shows that secondary syphilis is unlikely to be mistaken for pityriasis rosea as the clinical features of the latter are quite distinctive. Drs Tay and Goh did not elaborate on the clinical course of their patients. We managed to follow the duration of the condition in two-thirds of our patients and found that most patients had their rashes cleared in 5 weeks.

We concede that there are limitations in any retrospective study, yet studies of this nature do provide some information on the epidemiology of diseases in any country. However, we feel that current studies on any medical condition must be compared and contrasted with results of previously published studies done in the country in order to be of some educational value.

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Dear Editor,

**Re: One-year Review of Pityriasis Rosea at the National Skin Centre, Singapore: In Reply**

We would like to thank Dr Cheong and Dr Wong for their keen interest in our article<sup>1</sup> and for drawing our attention to their paper on pityriasis rosea carried out at the Middle Road Hospital a decade earlier.<sup>2</sup>

We agree that pityriasis rosea is a clinical diagnosis and although classical cases are easy to diagnose, atypical variants are not and require considerable experience.

Several of our findings are similar to the earlier study. This includes a male predominance, peak incidence in the 20-29 years age group, negative fungal scrapes and serological tests for syphilis in all the patients tested. We agree that secondary syphilis and tinea infections are unlikely to be mistaken for pityriasis rosea.

We did not notice any monthly variation, with cases seen equally all year round. This is in contrast to the earlier study where more cases were noted in March, April and November. More of our patients had an inverse distribution (6%), compared to the earlier study (2%). The herald patch was noted in 63 patients (17%). We agree that this is probably an underestimate as the herald patch may have resolved by the time patients came to see us. In our experience, the herald patch is not often seen, most having resolved by the time the generalised eruption occurs. To us, the most useful clues to the diagnosis of pityriasis rosea is the acute onset of the rash and the typical "fir tree" distribution of the rash along the lines of skin cleavage over the trunk.

Treatment of pityriasis rosea is largely symptomatic, consisting of topical steroids and antihistamines. Recently, erythromycin 1 g daily for 2 weeks was shown to be effective in shortening the duration of the condition.<sup>3</sup>

We believe that periodic review of the epidemiology of common skin disorders is useful in monitoring the trends and disease patterns of the condition.

#### REFERENCES

1. Tay Y K, Goh C L. One-year review of pityriasis rosea at the National Skin Centre, Singapore. *Ann Acad Med Singapore* 1999; 28:829-31.
2. Cheong W K, Wong K S. An epidemiological study of pityriasis rosea in Middle Road Hospital. *Singapore Med J* 1989; 30:60-2.
3. Sharma P K, Yadav T P, Gautam R K, Taneja N, Satyanarayana L. Erythromycin in pityriasis rosea: a double-blind, placebo-controlled clinical trial. *J Am Acad Dermatol* 2000; 42:241-4.

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