

PITYRIASIS RUBRA PILARIS (PRP)

A Bibliography of Published Journal Articles

Indexed by 10 year intervals (1800 to 2006)

Added feature: On-line information sources and patient-to-patient care guide

This document is a reference source for the medical community and the PRP patients they serve.

Updated February 2008

Individuals diagnosed with PRP, seeking non-technical information and advice, may wish to contact the international online PRP support group at: www.prp-support.org

Send comments and additional reference information to: rgreene@temple.edu

Year Index – for journal articles

[2000 to present](#)

[1990 to 1999](#)

[1980 to 1989](#)

[1970 to 1979](#)

[1960 to 1969](#)

[1900 to 1959](#)

[1800 to 1899](#)

Supplementary References

[Textbooks](#)

[On-line information sources](#)

[Patient-to-patient care advice](#)

2000 to present

Ruzzetti M, Saraceno R, Carboni I, Papoutsaki M, Chimenti S

Type III juvenile pityriasis rubra pilaris: a successful treatment with infliximab
J Eur Acad Dermatol Venereol. 2008 Jan;22(1):117-8.

De D, Dogra S, Narang T, Radotra BD, Kanwar AJ

Pityriasis rubra pilaris in a HIV-positive patient (Type 6 PRP)
Skinmed. 2008 Jan-Feb;7(1):47-50. Review

Davis KF, Wu JJ, Murase JE, Rosenberg FR, Sorenson EP, Meshkinpour A

Clinical improvement of pityriasis rubra pilaris with combination etanercept and acitretin therapy
Arch Dermatol. 2007 Dec;143(12):1597-9.

Seckin D, Tula E, Ergun T

Successful use of etanercept in type I pityriasis rubra pilaris
Br J Dermatol. 2007 Dec 14; [Epub ahead of print]

Rigopoulos D, Korfitis C, Gregoriou S, Katsambas AD

Infliximab in dermatological treatment: beyond psoriasis
Expert Opin Biol Ther. 2008 Jan;8(1):123-33. Review

Gül U, Gönül M, Kılıç A, Soylu S, Koçak O, Gönen B, Bodur H, Güler S

A case of pityriasis rubra pilaris associated with sacroileitis and autoimmunethyroiditis
J Eur Acad Dermatol Venereol. 2007 Nov 19; [Epub ahead of print]

Ruiz-Genao DP, Lopez-Estebarez JL, Naz-Villalba E, Gamo-Villegas R, Calzado-Villarreal L, Pinedo-Moraleta F

Pityriasis rubra pilaris successfully treated with infliximab
Acta Derm Venereol. 2007;87(6):552-3.

Raza N, Bari AU, Dar NR

Juvenile onset classical pityriasis rubra pilaris: every patient may not require systemic therapy
J Coll Physicians Surg Pak. 2007 Sep;17(9):564-5

Hong JB, Chiu HC, Wang SH, Tsai TF

Recurrence of classical juvenile pityriasis rubra pilaris in adulthood: report of a case
Br J Dermatol. 2007 Oct;157(4):842-4. Epub 2007 Aug 17.

[No authors listed]

Photo quiz. Juvenile pityriasis rubra pilaris
Cutis. 2007 Mar;79(3):192, 198-9.

Klein A, Szeimies RM, Landthaler M, Karrer S

Exacerbation of pityriasis rubra pilaris under efalizumab therapy
Dermatology. 2007;215(1):72-5

Pityriasis rubra pilaris – references and information sources

Sato T, Sakai H, Iida H, Inamori M, Akiyama T, Akimoto K, Fujita K, Takahashi H, Yoneda M, Abe Y, Kubota K, Saito S, Ueno N, Takeshita Y, Nakajima A
Protein-losing gastroenteropathy in a patient with pityriasis rubra pilaris
Digestion. 2007;75(2-3):98. Epub 2008 May 18.

Thomson MA, Moss C
Pityriasis rubra pilaris in a mother and two daughters
Br J Dermatol. 2007 Jul;157(1):202-4. Epub 2007 May 8.

Polat M, Lenk N, Ustün H, Oztaş P, Artüz F, Alli N
Dermatomyositis with a pityriasis rubra pilaris-like eruption: an uncommon cutaneous manifestation in dermatomyositis
Pediatr Dermatol. 2007 Mar-Apr;24(2):151-4

Al-Dhalimi MA
Neonatal and infantile erythroderma: a clinical and follow-up study of 42 cases
J Dermatol. 2007 May;34(5):302-7

Paranjothy B, Shunmugam M, MacKenzie J, Azuara-Blanco A
Peripheral ulcerative keratitis in pityriasis rubra pilaris
Eye. 2007 Jul;21(7):1001-2. Epub 2007 Mar 30.

Durairaj VD, Horsley MB
Resolution of pityriasis rubra pilaris-induced cicatricial ectropion with systemic low-dose methotrexate
Am J Ophthalmol. 2007 Apr;143(4):709-10. Epub 2006 Dec 21

Gregoriou S, Argyriou G, Christofidou E, Vranou A, Rigopoulos D
Treatment of pityriasis rubra pilaris with pimecrolimus cream 1%
J Drugs Dermatol. 2007 Mar;6(3):340-2

Gómez M, Ruelas ME, Welsh O, Arcaute HD, Ocampo-Candiani J
Clinical improvement of pityriasis rubra pilaris with efalizumab in a pediatric patient
J Drugs Dermatol. 2007 Mar;6(3):337-9

Kerr AC, Ferguson J
Type II adult-onset pityriasis rubra pilaris successfully treated with intravenous immunoglobulin
Br J Dermatol. 2007 May;156(5):1055-6. Epub 2007 Feb 20.

Orlandini V, Cogrel O, Doutre MS, Beylot C, Beylot-Barry M
Pityriasis rubra pilaris and hypothyroidism. Efficacy of thyroid hormone replacement therapy in skin recovery
Br J Dermatol. 2007 Mar;156(3):606-7.

Caldarola G, Zampetti A, De Simone C, Massi G, Amerio P, Feliciani C
Circumscribed pityriasis rubra pilaris type IV
Clin Exp Dermatol. 2007 Jul;32(4):471-2. Epub 2007 Jan 19.

Lu R, George SJ, Hsu S
Pityriasis rubra pilaris: failure of combination treatment with acitretin and infliximab
Dermatol Online J. 2006 May 30;12(4):18.

Pityriasis rubra pilaris – references and information sources

- Sehgal VN, Srivastava G, Aggarwal AK, Sardana K, Jain M
Efficacy of isotretinoin in pityriasis rubra pilaris: unapproved use
Int J Dermatol. 2006 Oct;45(10):1238-40.
- Schuster-Grussler A, Gerber PA, Hengge U, Neumann NJ, Bruch-Gerharz D
[Juvenile pityriasis rubra pilaris]
Hautarzt. 2006 Oct;57(10):907-8. German.
- Erdem T, Atasoy M, Aliagaoglu C, Melikoglu M, Yildirim U
Pityriasis rubra pilaris in association with hepatitis A
Saudi Med J. 2006 Sep;27(9):1421-2.
- Baran W, Szepietowski JC, Szybejko-Machaj G
Enhanced expression of p53 protein in pityriasis rubra pilaris
Acta Derm Venereol. 2006;86(3):276-7.
- Rasi A, Soltani-Arabshahi R, Naraghi ZS
Circumscribed juvenile-onset pityriasis rubra pilaris with hypoparathyroidism and brachyonychia
Cutis. 2006 Apr;77(4):218-22
- Alexis AF, Strober BE
Off-label dermatologic uses of anti-TNF- α therapies
J Cutan Med Surg. 2005 Dec;9(6):296-302. Review
- Sehgal VN, Srivastava G
(Juvenile) Pityriasis rubra pilaris
Int J Dermatol. 2006 Apr;45(4):438-46. Review.
- Manoharan S, White S, Gumparthy K
Successful treatment of type I adult-onset pityriasis rubra pilaris with infliximab
Australas J Dermatol. 2006 May;47(2):124-9
- Martinez Calixto LE, Suresh L, Matsumura E, Aguirre A, Radfar L
Oral pityriasis rubra pilaris
Oral Surg Oral Med Oral Pathol Oral Radiol Endod. 2006 May;101(5):604-7. Epub 2006 Feb 28. Review
- Greene R
PRP support group
Dermatol Nurs. 2006 Feb;18(1):28.
- Iredale, H. E., Meggitt, S. J.
Photosensitive pityriasis rubra pilaris
Clinical and Experimental Dermatology, Volume 31, Number 1, January 2006, pp. 36-38(3)
- Gilhar, Amos et.al.
Immunopathology and Infectious Diseases: Fas Pulls the Trigger on Psoriasis.
American Journal of Pathology. 2006 Jan Vol.168 (1) 170-175

Pityriasis rubra pilaris – references and information sources

Roberts, Lorna.

Patients' Perspectives: Living with Pityriasis rubra pilaris.
Dermatology Nursing 2005 Dec, 17 (6): 452-453.

Gilmore, Ralph.

Patients' Perspectives: Living with Pityriasis rubra pilaris.
Dermatology Nursing 2005 Oct, 17 (5): 378-380.

Rym BM, Mourad M, Bechir Z, Dalenda E, Faika C, Iadh AM, Amel BO.

Erythroderma in adults: a report of 80 cases.
Int J Dermatol. 2005 Sep;44(9):731-5.

Levine N.

Redness and scaliness of nearly entire integument. Patient has type 2 diabetes, but no history of cutaneous disease.
Geriatrics. 2005 Sep;60(9):17.

Pitman J, Muekus G.

Pityriasis rubra pilaris.
Dermatol Nurs. 2005 Aug;17(4):302.

Batchelor RJ, Yung A, Merchant W, Goodfield MJ.

Pityriasis rubra pilaris as the initial presentation of renal cell carcinoma?
Clin Exp Dermatol. 2005 Jul;30(4):442-3.

Turchin I, Barankin B.

Dermacase. Erythroderma secondary to cutaneous T-cell lymphoma.
Can Fam Physician. 2005 Jul;51:963, 971-3. Review.

Gonzalo Garijo MA, Perez Calderon R, de Argila Fernandez-Duran D, Rangel Mayoral JF.

Cutaneous reactions due to diltiazem and cross reactivity with other calcium channel blockers.
Allergol Immunopathol (Madr). 2005 Jul-Aug;33(4):238-40.

Russell-Jones R.

Diagnosing erythrodermic cutaneous T-cell lymphoma.
Br J Dermatol. 2005 Jul;153(1):1-5. Review.

Tomi NS, Kranke B, Aberer E.

Staphylococcal toxins in patients with psoriasis, atopic dermatitis, and erythroderma, and in healthy control subjects.
J Am Acad Dermatol. 2005 Jul;53(1):67-72.

Darling MJ, Lambiase MC, Young RJ.

Tinea versicolor mimicking pityriasis rubra pilaris.
Cutis. 2005 May;75(5):265-7.

Akhyani M, Ghodsi ZS, Toosi S, Dabbaghian H.

Erythroderma: a clinical study of 97 cases.
BMC Dermatol. 2005 May 9;5(1):5.

Pityriasis rubra pilaris – references and information sources

Hu S, Kuo TT, Hong HS.

Lipoid proteinosis: report of a possible localized form on both hands and wrists.

Int J Dermatol. 2005 May;44(5):408-10.

Igawa K, Matsunaga T, Yokozeki H, Nishioka K.

Erythrodermic drug eruption due to roxatidine acetate hydrochloride.

Clin Exp Dermatol. 2005 May;30(3):304-5. No abstract available.

Kameyama H, Shirai Y, Date K, Kuwabara A, Kurosaki R, Hatakeyama K.

Gallbladder carcinoma presenting as exfoliative dermatitis (erythroderma).

Int J Gastrointest Cancer. 2005;35(2):153-5.

Gastaminza G, Audicana M, Echenagusia MA, Uriel O, Garcia-Gallardo MV, Velasco M, Fernandez E, Munoz D.

Erythrodermia caused by allergy to codeine.

Contact Dermatitis. 2005 Apr;52(4):227-8.

Liao WC, Mutasim DF.

Infliximab for the treatment of adult-onset pityriasis rubra pilaris.

Arch Dermatol. 2005 Apr;141(4):423-5.

Rothe MJ, Bernstein ML, Grant-Kels JM.

Life-threatening erythroderma: diagnosing and treating the "red man".

Clin Dermatol. 2005 Mar-Apr;23(2):206-17.

Gniadecki R, Lukowsky A.

Monoclonal T-cell dyscrasia of undetermined significance associated with recalcitrant erythroderma.

Arch Dermatol. 2005 Mar;141(3):361-7.

Cordel N, Lenormand B, Courville P, Helot MF, Benichou J, Joly P; French Study Group on Cutaneous Lymphomas.

Usefulness of cutaneous T-cell clonality analysis for the diagnosis of cutaneous T-cell lymphoma in patients with erythroderma.

Arch Pathol Lab Med. 2005 Mar;129(3):372-6.

Ota M, Sato-Matsumura KC, Sawamura D, Shimizu H.

Papuloerythroderma associated with hepatitis C virus infection.

J Am Acad Dermatol. 2005 Feb;52(2 Suppl 1):61-2.

Coras B, Vogt TH, Ulrich H, Landthaler M, Hohenleutner U.

Fumaric acid esters therapy: a new treatment modality in pityriasis rubra pilaris?

Br J Dermatol. 2005 Feb;152(2):388-9.

Akouaouach H, Mortaki A, Pepersack T.

A typical case of Sezary syndrome mimicking an eczema.

Acta Clin Belg. 2005 Jan-Feb;60(1):13-6.

Jaffer AN, Brodell RT.

Exfoliative dermatitis. Erythroderma can be a sign of a significant underlying disorder.

Postgrad Med. 2005 Jan;117(1):49-51.

Pityriasis rubra pilaris – references and information sources

Akyol M, Ozcelik S.

Non-acne dermatologic indications for systemic isotretinoin.

Am J Clin Dermatol. 2005;6(3):175-84.

van Steensel MA, van Geel M, Steijlen PM.

A new type of erythrokeratoderma.

Br J Dermatol. 2005 Jan;152(1):155-8.

el-Azhary RA, Bouwhuis SA.

Oral bexarotene in a therapy-resistant Sezary syndrome patient: observations on Sezary cell compartmentalization.

Int J Dermatol. 2005 Jan;44(1):25-8.

Kameyama H, Shirai Y, Date K, Kuwabara A, Kurosaki R, Hatakeyama K.

Gallbladder carcinoma presenting as exfoliative dermatitis (erythroderma).

Int J Gastrointest Cancer. 2005;35(2):153-5.

Ohashi H, Takahashi H, Obara M, Suzuki C, Yamamoto M, Yamamoto H, Makiguchi Y, Tamagawa M, Saga K, Murakami E, Imai K.

A case of pityriasis rubra pilaris associated with rapidly progressive finger joint destruction

Nihon Rinsho Meneki Gakkai Kaishi. 2004 Dec;27(6):407-13. Japanese.

Gallelli L, Ferraro M, Mauro GF, De Sarro G.

Generalized exfoliative dermatitis induced by interferon alfa.

Ann Pharmacother. 2004 Dec;38(12):2173-4.

Arnold AW, Buechner SA.

Circumscribed juvenile pityriasis rubra pilaris.

J Eur Acad Dermatol Venereol. 2004 Nov;18(6):705-7.

Thestrup-Pedersen K.

Pityriasis rubra pilaris

Ugeskr Laeger. 2004 Sep 27;166(40):3519; author reply 3519-20. Danish.

Blasdale C, Turner RJ, Leonard N, Ong EL, Lawrence CM.

Spontaneous clinical improvement in HIV-associated follicular syndrome.

Clin Exp Dermatol. 2004 Sep;29(5):480-2. Review

Sahin MT, Ozturkcan S, Ermertcan AT, Sacar T, Turkdogan P.

Transient eruptive seborrheic keratoses associated with erythrodermic pityriasis rubra pilaris.

Clin Exp Dermatol. 2004 Sep;29(5):554-5.

Artik S, Kuhn A, Neumann NJ, Ruzicka T, Megahed M.

Pityriasis rubra pilaris

Hautarzt. 2004 Sep 7; German.

Hoiberg M, Bygum A.

Pityriasis rubra pilaris. A characteristic but rare skin disease

Ugeskr Laeger. 2004 Aug 16;166(34):2909-10. Danish.

Pityriasis rubra pilaris – references and information sources

Lane JE, Guill MA.

Juvenile pityriasis rubra pilaris.

Pediatr Dermatol. 2004 Jul-Aug;21(4):512-3.

Tholke A, Feller G, Schadendorf D, Goerdts S.

[Acute juvenile pityriasis rubra pilaris in a 2-year-old child]

J Dtsch Dermatol Ges. 2004 May;2(5):357-9. German.

Haenssle HA, Bertsch HP, Emmert S, Wolf C, Zutt M.

Extracorporeal photochemotherapy for the treatment of exanthematic pityriasis rubra pilaris.

Clin Exp Dermatol. 2004 May;29(3):244-6.

Kurzydło AM, Gillespie R.

Paraneoplastic pityriasis rubra pilaris in association with bronchogenic carcinoma.

Australas J Dermatol. 2004 May;45(2):130-2.

Haenssle HA, Bertsch HP, Emmert S, Wolf C, Zutt M.

Extracorporeal photochemotherapy for the treatment of exanthematic pityriasis rubra pilaris.

Clin Exp Dermatol. 2004 May 29(3):244-6.

Kurzydło AM, Gillespie R.

Paraneoplastic pityriasis rubra pilaris in association with bronchogenic carcinoma.

Australas J Dermatol. 2004 May 45(2):130-2

Chan H, Liu FT, Naguwa S.

A review of pityriasis rubra pilaris and rheumatologic associations.

Clin Dev Immunol. 2004 Mar;11(1):57-60.

Caporali R, Cavagna L, Bellosta M, Bogliolo L, Montecucco C.

Inflammatory myopathy in a patient with cutaneous findings of pityriasis rubra pilaris: a case of Wong's dermatomyositis.

Clin Rheumatol. 2004 Feb;23(1):63-5.

Balasubramaniam P, Berth-Jones J.

Erythroderma: 90% skin failure.

Hosp Med. 2004 Feb;65(2):100-2. Review.

Shwayder T.

Disorders of keratinization: diagnosis and management.

Am J Clin Dermatol. 2004;5(1):17-29. Review.

Chan H, Liu FT, Naguwa S.

A review of pityriasis rubra pilaris and rheumatologic associations.

Clin Dev Immunol. 2004 Mar 11(1):57-60.

Caporali R, Cavagna L, Bellosta M, Bogliolo L, Montecucco C.

Inflammatory myopathy in a patient with cutaneous findings of pityriasis rubra pilaris: a case of Wong's dermatomyositis.

Clin Rheumatol. 2004 Feb 23(1):63-5.

Pityriasis rubra pilaris – references and information sources

- Sehgal VN, Srivastava G, Sardana K.
Erythroderma/exfoliative dermatitis: a synopsis.
Int J Dermatol. 2004 Jan;43(1):39-47. Review.
- Terasaki K, Kanekura T, Saruwatari H, Kanzaki T.
Classical juvenile pityriasis rubra pilaris in a patient with Down syndrome.
Clin Exp Dermatol. 2004 Jan;29(1):49-51.
- Drosou A, Kirsner RS, Welsh E, Sullivan TP, Kerdel FA.
Use of infliximab, an anti-tumor necrosis alpha antibody, for inflammatory dermatoses.
J Cutan Med Surg. 2003 Sep-Oct;7(5):382-6.
- White KL.
Pityriasis rubra pilaris.
Dermatol Online J. 2003 Oct;9(4):6.
- Norman RA, Blanco PM.
Papulosquamous diseases in the elderly.
Dermatol Ther. 2003;16(3):231-42. Review.
- Artik S, Megahed M, Ruzicka T.
Pityriasis rubra pilaris. Case reports and review of the literature
Hautarzt. 2003 Sep;54(9):858-63. Epub 2003 Jun 25. German.
- Wetzig T, Sticherling M.
Juvenile pityriasis rubra pilaris: successful treatment with ciclosporin.
Br J Dermatol. 2003 Jul;149(1):202-3.
- Vijayalakshmi AM, Mallika A.
Pityriasis rubra pilaris.
Indian Pediatrics 2003 May. 40(5):432-3
- Griffiths, W.A.D.
Pityriasis rubra pilaris - The Scarlet Pimpernel
Dowling Oration; Liverpool, England March 2003
- Michaelsson K, Lithell H, Vessby B, Melhus H.
Serum retinol levels and the risk of fracture.
New England J of Medicine 2003 Jan 348(4): 287-94.
- Lips P.
Hypervitaminosis A and fractures.
New England J of Medicine 2003 Jan 348(4): 347-9.
- Curry C, Curry J, Cockerell, C.
Dermatology and the Americans with disabilities act: a review of the case law.
J Am Acad Dermatol. 2002 Dec;47(6):926-9.

Pityriasis rubra pilaris – references and information sources

Zackman H, McCalmont T.

Mycosis fungoides: the great imitator.

J Am Acad Dermatol. 2002 Dec;47(6):914-8.

Sehgal VN, Jain S, Kumar S, Bhattacharya SN, Sardana K, Bajaj P.

Familial pityriasis rubra pilaris (adult classic-I): a report of three cases in a single family.

Skinmed. 2002 Nov-Dec;1(2):161-4.

Mohrenschlager M, Abeck D.

Further clinical evidence for involvement of bacterial superantigens in juvenile pityriasis rubra pilaris (prp): report of two new cases.

Pediatr Dermatol. 2002 Nov-Dec;19(6):569.

Nakafusa J, Misago N, Narisawa Y.

Pityriasis rubra pilaris in association with polyarthritis.

Dermatology. 2002;205(3):298-300.

Allison DS, El-Azhary RA, Calobrisi SD, Dicken CH.

Pityriasis rubra pilaris in children.

J Am Acad Dermatol. 2002 Sep;47(3):386-9.

Garehatty R Kanthraj, C R Srinivas, S D Sheno, B Satish Pai

Relationship between duration, protein loss through scaling and serum protein levels in exfoliative dermatitis

Indian J of Dermatology 2002 Jul-Sep 47(3)

Rashmi Sarkar, Mala Bhalla, Charandeep Kaur, A J Kanwar

Pityriasis rubra pilaris in the Indian scenario

Indian J of Dermatology 2002 Jul-Sep 47(3)

Fraiture AL, Braham C, Pierard-Franchimont C, Pierard GE.

No title

Rev Med Liege. 2002 Jun;57(6):363-5. French.

Kloos C, Muller UA, Hoffken K, Schreiber J, Metzner U, Hertel K, Raabe G.

Paraneoplastic pityriasis rubra pilaris in metastatic adenocarcinoma without diagnosable primary

Dtsch Med Wochenschr. 2002 Mar 1;127(9):437-40. German

Huynh NT, Hunt MJ, Cachia AR, Veness MJ.

Merkel cell carcinoma and multiple cutaneous squamous cell carcinomas in a patient with pityriasis rubra pilaris.

Australas J Dermatol. 2002 Feb;43(1):48-51.

Behr FD, Bangert JL, Hansen RC.

Atypical pityriasis rubra pilaris associated with arthropathy and osteoporosis: a case report with 15-year follow-up.

Pediatr Dermatol. 2002 Jan-Feb;19(1):46-51.

Allison DS el Azhary RA Calobrisi SD Dicken CH.

Pityriasis rubra pilaris in children.

J Am Acad Dermatol 2002;47:386-9.

Pityriasis rubra pilaris – references and information sources

- Betlloch I, Ramon R, Silvestre JF, Carnero L, Albares MP, Banuls J.
Acute juvenile pityriasis rubra pilaris: a superantigen mediated disease?
Pediatr Dermatol. 2001 Sep-Oct;18(5):411-4.
- Griffiths WA, Ozluer S.
Pityriasis rubra pilaris.
Ann Dermatol Venereol. 2001 Aug-Sep;128(8-9):931-4. French. .
- Allen M, Ishida-Yamamoto A, McGrath J, Davison S, Iizuka H, Simon M, Guerrin M, Hayday A, Vaughan R, Serre G, Trembath R, Barker J.
Corneodesmosin expression in psoriasis vulgaris differs from normal skin and other inflammatory skin disorders.
Lab Invest. 2001 Jul;81(7):969-76.
- Cherny S, Mraz S, Su L, Harvell J, Kohler S.
Heteroduplex analysis of T-cell receptor gamma gene rearrangement as an adjuvant diagnostic tool in skin biopsies for erythroderma.
J Cutan Pathol. 2001 Aug;28(7):351-5.
- Okano M.
Assessment of the clinical effect of topical tacalcitol on ichthyoses with retentive hyperkeratosis.
Dermatology. 2001;202(2):116-8.
- Kaskel P, Peter RU, Kersch M.
Phototesting and phototherapy in pityriasis rubra pilaris.
Br J Dermatol. 2001 Feb;144(2):430. .
- Selvaag E, Haedersdal M, Thomsen K.
Pityriasis rubra pilaris: a retrospective study of 12 patients.
J Eur Acad Dermatol Venereol. 2000 Nov;14(6):514-5. .
- Lupton JR, Figueroa P, Berberian BJ, Sulica VI.
An unusual presentation of dermatomyositis: the type Wong variant revisited.
J Am Acad Dermatol. 2000 Nov;43(5 Pt 2):908-12. Review.
- Usuki K, Sekiyama M, Shimada T, Shimada S, Kanzaki T.
Three cases of pityriasis rubra pilaris successfully treated with cyclosporin A.
Dermatology. 2000;200(4):324-7. Review.
- Neess CM, Hinrichs R, Dissemond J, Herrmann G, Poswig A, Servera-Llanas M, Hunzelmann N, Brenneisen P, Meewes C, et. al..
Treatment of pruritus by capsaicin in a patient with pityriasis rubra pilaris receiving RE-PUVA therapy.
Clin Exp Dermatol. 2000 May;25(3):209-11.
- Sehgal VN, Bajaj P, Jain S.
Pityriasis rubra pilaris (PRP): report of four cases.
J Dermatol. 2000 Mar;27(3):174-7.
- Herbst RA, Vogelbruch M, Ehnis A, Kiehl P, Kapp A, Weiss J.
Combined ultraviolet A1 radiation and acitretin therapy as a treatment option for pityriasis rubra pilaris.
Br J Dermatol. 2000 Mar;142(3):574-5. .

Pityriasis rubra pilaris – references and information sources

Kirby B, Watson R.

Pityriasis rubra pilaris treated with acitretin and narrow-band ultraviolet B (Re-TL-01)

Br J Dermatol. 2000 Feb;142(2):376-7. .

West D, West V.

Improving diagnostic accuracy using a hierarchical neural network to model decision subtasks.

Int J Med Inf. 2000 Jan;57(1):41-55.

1990 to 1999

Chaabouni M.

Treatment of pityriasis rubra pilaris.

Ann Dermatol Venereol. 1999 Nov;126(11):836. French. .

Varma S, Logan RA.

Exanthematic pityriasis rubra pilaris.

Br J Dermatol. 1999 Oct;141(4):769-71. Review. .

Hashimoto K, Fedoronko L.

Pityriasis rubra pilaris with acantholysis and lichenoid histology.

Am J Dermatopathol. 1999 Oct;21(5):491-3.

Khoo L, Asawanonda P, Grevelink SA, Taylor CR.

Narrow-band UVB-associated lesional blisters in pityriasis rubra pilaris.

J Am Acad Dermatol. 1999 Nov;41(5 Pt 1):803-4. .

Conaghan PG, Sommer S, McGonagle D, Veale D, Waldmann H, Hale G, Goodfield M, Emery P, Isaacs J.

The relationship between pityriasis rubra pilaris and inflammatory arthritis: case report and response of the arthritis to anti-tumor necrosis factor immunotherapy.

Arthritis Rheum. 1999 Sep;42(9):1998-2001.

Sorensen KB, Thestrup-Pedersen K.

Pityriasis rubra pilaris: a retrospective analysis of 43 patients.

Acta Derm Venereol. 1999 Sep;79(5):405-6. .

Yamamoto T, Yokoyama A.

Lymphocyte response to superantigen in a patient with childhood-onset Pityriasis rubra pilaris.

Int J Dermatol. 1999 Aug;38(8):639-40. .

Jacyk WK.

Pityriasis rubra pilaris in black South Africans.

Clin Exp Dermatol. 1999 May;24(3):160-3.

Gonzalez-Lopez A, Velasco E, Pozo T, Del Villar A.

HIV-associated pityriasis rubra pilaris responsive to triple antiretroviral therapy.

Br J Dermatol. 1999 May;140(5):931-4. Review.

Kaskel P, Grundmann-Kollmann M, Schiller PI, Krahn G, Pillekamp H, Peter RU, Kerscher M.

Bath-PUVA as a treatment for Pityriasis rubra pilaris provoked by ultraviolet B.

Br J Dermatol. 1999 Apr;140(4):769-70. .

Karakayli G, Beckham G, Orengo I, Rosen T.

Exfoliative dermatitis.

Am Fam Physician. 1999 Feb 1;59(3):625-30. Review.

Pityriasis rubra pilaris – references and information sources

- Gandarillas A, Goldsmith LA, Gschmeissner S, Leigh IM, Watt FM.
Evidence that apoptosis and terminal differentiation of epidermal keratinocytes are distinct processes.
Exp Dermatol. 1999 Feb;8(1):71-9.
- Hofer A, Mullegger R, Kerl H, Wolf P.
Extracorporeal photochemotherapy for the treatment of erythrodermic Pityriasis rubra pilaris.
Arch Dermatol. 1999 Apr;135(4):475-6. .
- Albert MR, Mackool BT.
Pityriasis rubra pilaris.
Int J Dermatol. 1999 Jan;38(1):1-11. Review. .
- Duncan KO, Imaeda S, Milstone LM.
Pneumocystis carinii pneumonia complicating methotrexate treatment of Pityriasis rubra pilaris.
J Am Acad Dermatol. 1998 Aug;39(2 Pt 1):276-8. Review. .
- Matsumori A, Nishiya K, Tahara K, Tanaka Y, Yamasaki H, Hashimoto K.
A case of pityriasis rubra pilaris associated with unclassified connective tissue disease and sepsis in clinical course.
Nihon Rinsho Meneki Gakkai Kaishi. 1998 Dec;21(5):206-12. Japanese.
- Caplan SE, Lowitt MH, Kao GF.
Early presentation of pityriasis rubra pilaris.
Cutis. 1997 Dec;60(6):291-6.
- Taniguchi S, Kawahira K, Kaneto K, Hamada T.
Juvenile pityriasis rubra pilaris with isolated IgA deficiency.
Eur J Pediatr. 1997 Nov;156(11):896. .
- Thiers BH.
The use of topical calcipotriene/calcipotriol in conditions other than plaque-type psoriasis.
J Am Acad Dermatol. 1997 Sep;37(3 Pt 2):S69-71. Review.
- Belew-Noah PW, Rosenberg WE, Zabriskie JB, Skinner RB Jr, Henson TH, Beard GB.
Microbial associations and response to antimicrobials seen in a psoriasis clinic.
Adv Exp Med Biol. 1997;418:157-9. .
- Lister RK, Perry JD, Cerio R.
Pityriasis rubra pilaris and a seronegative polyarthrititis.
Br J Dermatol. 1997 Aug;137(2):318-9. .
- Magro CM, Crowson AN.
The clinical and histomorphological features of pityriasis rubra pilaris. A comparative analysis with psoriasis.
J Cutan Pathol. 1997 Aug;24(7):416-24.
- Bonomo RA, Korman N, Nagashima-Whalen L, Briggs J, Graham R, Salata RA.
Pityriasis rubra pilaris: an unusual cutaneous complication of AIDS.
Am J Med Sci. 1997 Aug;314(2):118-21.

Pityriasis rubra pilaris – references and information sources

- Clayton BD, Jorizzo JL, Hitchcock MG, Fleischer AB Jr, Williford PM, Feldman SR, White WL.
Adult pityriasis rubra pilaris: a 10-year case series.
J Am Acad Dermatol. 1997 Jun;36(6 Pt 1):959-64.
- Sanguenza OP, Pilcher B, Martin Sanguenza J.
Erythema elevatum diutinum: a clinicopathological study of eight cases.
Am J Dermatopathol. 1997 Jun;19(3):214-22.
- Requena L, Grilli R, Soriano L, Escalonilla P, Farina C, Martin L.
Dermatomyositis with a pityriasis rubra pilaris-like eruption: a little-known distinctive cutaneous manifestation of dermatomyositis.
Br J Dermatol. 1997 May;136(5):768-71. Review.
- Cowen P, O'Keefe R.
Pityriasis rubra pilaris and focal acantholytic dyskeratosis.
Australas J Dermatol. 1997 Feb;38(1):40-1. Review.
- Sharma S, Weiss GR, Paulger B.
Pityriasis rubra pilaris as an initial presentation of hepatocellular carcinoma.
Dermatology. 1997;194(2):166-7.
- Tomasini C, Aloï F, Solaroli C, Pippione M.
Psoriatic erythroderma: a histopathologic study of forty-five patients.
Dermatology. 1997;194(2):102-6.
- Lister RK, Perry JD, Cerio R.
Pityriasis rubra pilaris and a seronegative polyarthritis.
Br J Dermatol 1997;137:318-9.
- Griffiths WAD, Hill VA.
Zidovudine in HIV-negative pityriasis rubra pilaris.
J Dermatol Treat 1997;8:127-31.
- Magro CM, Crowson AN.
The clinical and histomorphological features of pityriasis rubra pilaris.
J Cutan Pathol 1997;24:416-24.
- Misery I, Faure M, Claidy A.
Pityriasis rubra pilaris and human immunodeficiency virus infection--type 6 pityriasis rubra pilaris?
Br J Dermatol. 1996 Dec;135(6):1008-9. .
- Tannenbaum CB, Billick RC, Srolovitz H.
Multiple cutaneous malignancies in a patient with pityriasis rubra pilaris and focal acantholytic dyskeratosis.
J Am Acad Dermatol. 1996 Nov;35(5 Pt 1):781-2. .
- Darmstadt GL, Tunnessen WW Jr.
Clinical picture.
Arch Fam Med. 1996 Sep;5(8):437. .

Pityriasis rubra pilaris – references and information sources

- Howe K, Foresman P, Griffin T, Johnson W.
Pityriasis rubra pilaris with acantholysis.
J Cutan Pathol. 1996 Jun;23(3):270-4.
- Fiallo P, Tagliapietra AG, Santoro G.
Arthropathic pityriasis rubra pilaris.
Br J Dermatol. 1996 Jun;134(6):1154-5. .
- Amer M, Mostafa FF, Tosson Z, Nasr AN.
Corneocytes in scaly parakeratotic diseases.
Int J Dermatol. 1996 Jun;35(6):417-21.
- Vesper JL, Fenske NA.
Hair darkening and new growth associated with etretinate therapy.
J Am Acad Dermatol. 1996 May;34(5 Pt 1):860. .
- Miralles ES, Nunez M, De Las Heras ME, Perez B, Moreno R, Ledo A.
Pityriasis rubra pilaris and human immunodeficiency virus infection.
Br J Dermatol. 1995 Dec;133(6):990-3. Review.
- Sanchez-Regana M, Fuentes CG, Creus L, Salleras M, Umbert P.
Pityriasis rubra pilaris and HIV infection: a part of the spectrum of HIV-associated follicular syndrome.
Br J Dermatol. 1995 Nov;133(5):818-9. .
- Sanchez-Regana M, Lopez-Gil F, Salleras M, Umbert P.
Pityriasis rubra pilaris as the initial manifestation of internal neoplasia.
Clin Exp Dermatol. 1995 Sep;20(5):436-8.
- Darmstadt GL, Tunnessen WW Jr.
Picture of the month. Juvenile pityriasis rubra pilaris.
Arch Pediatr Adolesc Med. 1995 Aug;149(8):923-4. .
- Vanderhooft SL, Francis JS, Holbrook KA, Dale BA, Fleckman P.
Familial pityriasis rubra pilaris.
Arch Dermatol. 1995 Apr;131(4):448-53.
- van Dooren-Greebe RJ, van de Kerkhof PC.
Extensive extraspinal hyperostoses after long-term oral retinoid treatment in a patient with pityriasis rubra pilaris.
J Am Acad Dermatol. 1995 Feb;32(2 Pt 2):322-5.
- Dicken CH.
Treatment of classic pityriasis rubra pilaris.
J Am Acad Dermatol. 1994 Dec;31(6):997-9.
- Castanet J, Lacour JP, Perrin C, Brun P, Ortonne JP.
Juvenile pityriasis rubra pilaris associated with hypogammaglobulinaemia and furunculosis.
Br J Dermatol. 1994 Nov;131(5):717-9.

Pityriasis rubra pilaris – references and information sources

- Walsh NM, Prokopetz R, Tron VA, Sawyer DM, Watters AK, Murray S, Zip C.
Histopathology in erythroderma: review of a series of cases by multiple observers.
J Cutan Pathol. 1994 Oct;21(5):419-23.
- LeMense GP, Sahn SA.
Opportunistic infection during treatment with low dose methotrexate.
Am J Respir Crit Care Med. 1994 Jul;150(1):258-60. Review.
- Shahidullah H, Aldridge RD.
Changing forms of juvenile pityriasis rubra pilaris--a case report.
Clin Exp Dermatol. 1994 May;19(3):254-6.
- Van de Kerkhof PC, Steijlen PM.
Topical treatment of pityriasis rubra pilaris with calcipotriol.
Br J Dermatol. 1994 May;130(5):675-8.
- Piamphongsant T, Akaraphant R.
Pityriasis rubra pilaris: a new proposed classification.
Clin Exp Dermatol. 1994 Mar;19(2):134-8.
- Marguery MC, Durand-Malgouyres C, Bayle-Lebey P, Dupin P, Bazex J.
Photosensitive and phototriggered pityriasis rubra pilaris.
Photodermatol Photoimmunol Photomed. 1994 Feb;10(1):42-5.
- Cecchi R, Giomi A, Tuci F, Bartoli L, Seghieri G.
Pityriasis rubra pilaris, lichen planus, alopecia universalis and vitiligo in a patient with chronic viral hepatitis C.
Dermatology. 1994;188(3):239-40.
- Misery L, Veron I, Saint-Marc T, Perraud P, Touraine JL, Faure M, Claudy A.
Pityriasis rubra pilaris in an AIDS patient.
Ann Med Interne (Paris). 1994;145(3):199-200. French. .
- Yaniv R, Barzilai A, Trau H.
Pityriasis rubra pilaris exacerbated by ultraviolet B phototherapy.
Dermatology. 1994;189(3):313. .
- Piamphongsant R Akaraphant R.
Pityriasis rubra pilaris a proposed new classification.
Clin Exp Dermatol 1994;19:134-8.
- Rosenbach A, Lowe NJ.
Pityriasis rubra pilaris and cyclosporine.
Arch Dermatol. 1993 Oct;129(10):1346-8. .
- Kanitakis J, Hoyo E, Chouvet B, Thivolet J, Faure M, Claudy A.
Keratinocyte proliferation in epidermal keratinocyte disorders evaluated through PCNA/cyclin immunolabelling and AgNOR counting.
Acta Derm Venereol. 1993 Oct;73(5):370-5.

Pityriasis rubra pilaris – references and information sources

- Boyd AS, Zemtsov A, Neldner KH.
Pityriasis rubra pilaris presenting as subacute cutaneous lupus erythematosus.
Cutis. 1993 Sep;52(3):177-9.
- Resnick SD, Murrell DF, Woosley JT.
Pityriasis rubra pilaris, acne conglobata, and elongated follicular spines: an HIV-associated follicular syndrome?
J Am Acad Dermatol. 1993 Aug;29(2 Pt 1):283. .
- Perrin C, Durant JM, Lacour JP, Michiels JF, Dellamonica P, Ortonne JP.
Horny perifollicular mucinosis. An atypical pityriasis rubra pilaris-like eruption associated with HIV infection.
Am J Dermatopathol. 1993 Aug;15(4):358-62.
- Gebauer K, Singh G.
Resolving pityriasis rubra pilaris resembling erythema gyratum repens.
Arch Dermatol. 1993 Jul;129(7):917-8. .
- Franco A, Hampton WR, Greenspan BS, Holm AL, O'Mara RE.
Gastric uptake of Tc-99m MDP in a child treated with isotretinoin.
Clin Nucl Med. 1993 Jun;18(6):510-1.
- Sanchez MR, Ross B, Rotterdam H, Salik J, Brodie R, Freedberg IM.
Retinoid hepatitis.
J Am Acad Dermatol. 1993 May;28(5 Pt 2):853-8. Review.
- Tabibian P, Lowe NJ.
Pityriasis rubra pilaris: etretinate shortens duration of disease.
J Dermatol Treat 1993;4:9-11.
- Menni S, Brancialeone W, Grimalt R.
Pityriasis rubra pilaris in a child seropositive for the human immunodeficiency virus.
J Am Acad Dermatol. 1992 Dec;27(6 Pt 1):1009. .
- Peter RU, Ruzicka T.
Cyclosporin A in the therapy of inflammatory dermatoses.
Hautarzt. 1992 Nov;43(11):687-94. Review. German.
- Ng SK, Ang CB, Tham A.
Kaposi's varicelliform eruption in a patient with pityriasis rubra pilaris.
J Am Acad Dermatol. 1992 Aug;27(2 Pt 1):263. .
- Auffret N, Quint L, Domart P, Dubertret L, Lecam JY, Binet O.
Pityriasis rubra pilaris in a patient with human immunodeficiency virus infection.
J Am Acad Dermatol. 1992 Aug;27(2 Pt 1):260-1. .
- Milstone LM, Ellison AF, Insogna KL.
Serum parathyroid hormone level is elevated in some patients with disorders of keratinization.
Arch Dermatol. 1992 Jul;128(7):926-30.

Pityriasis rubra pilaris – references and information sources

- Martin AG, Weaver CC, Cockerell CJ, Berger TG.
Pityriasis rubra pilaris in the setting of HIV infection: clinical behaviour and association with explosive cystic acne.
Br J Dermatol. 1992 Jun;126(6):617-20.
- Griffiths WA.
Pityriasis rubra pilaris: the problem of its classification.
J Am Acad Dermatol. 1992 Jan;26(1):140-2. .
- Mohammed KN.
Unresponsiveness to etretinate during anticonvulsant therapy.
Dermatology. 1992;185(1):79. .
- Cribier B, Welsch M, Heid E.
Renal impairment probably induced by etretinate.
Dermatology. 1992;185(4):266-8.
- Gray MH, Smoller BS, McNutt NS.
Carcinogenesis in porokeratosis. Evidence for a role relating to chronic growth activation of keratinocytes.
Am J Dermatopathol. 1991 Oct;13(5):438-44.
- van de Kerkhof PC, de Jong EM.
Topical treatment with the vitamin D3 analogue MC903 improves pityriasis rubra pilaris: clinical and immunohistochemical observations.
Br J Dermatol. 1991 Sep;125(3):293-4. .
- Cockerell CJ.
Noninfectious inflammatory skin diseases in HIV-infected individuals.
Dermatol Clin. 1991 Jul;9(3):531-41. Review.
- Lim JT, Tham SN.
Pityriasis rubra pilaris in Singapore.
Clin Exp Dermatol. 1991 May;16(3):181-4.
- Blauvelt A, Nahass GT, Pardo RJ, Kerdel FA.
Pityriasis rubra pilaris and HIV infection.
J Am Acad Dermatol. 1991 May;24(5 Pt 1):703-5.
- Gassia V, Restoueix C, Bonafe JL.
Management of keratosis pilaris.
Ann Dermatol Venereol. 1991;118(1):69-75. French. .
- Le Bozec P, Janier M, Reygagne P, Pinquier L, Blanchet-Bardon C, Dubertret L.
Pityriasis rubra pilaris in a patient with acquired immunodeficiency syndrome.
Ann Dermatol Venereol. 1991;118(11):862-4. Review. French. .
- Sayag J, Koepfel MC, Terrier G, Andrac L.
Congenital atrichia. Follicular ichthyosis. Palmoplantar keratoderma. Total proximal leukonychia. Facial dysmorphism. A new entity?
Ann Dermatol Venereol. 1991;118(11):771-3. French. .

Pityriasis rubra pilaris – references and information sources

Blauvelt A Nahass GT Pardo RJ Kerdel FA.

Pityriasis rubra pilaris and HIV infection.

J Am Acad Dermatol 1991; 24: 703-5.

Le Bozec P Janier M Reygagne P et al.

Pityriasis rubra pilaire chez un patient presentant un syndrome d'immunodeficiency acquise.

Ann Dermatol Venereol 1991;118:862-4.

Gelmetti C, Cerri D.

Pityriasis rubra pilaris: the problem of its classification.

J Am Acad Dermatol. 1990 Dec;23(6 Pt 1):1186-8. .

Mainardi L, Caccialanza M, Piccinno R.

Efficacy of photochemotherapy in a case of pityriasis rubra pilaris.

G Ital Dermatol Venereol. 1990 Nov;125(11):537-8. Italian.

Koehn GG.

Dramatic follicular plugging in pityriasis rubra pilaris.

J Am Acad Dermatol. 1990 Sep;23(3 Pt 1):526-7. .

Hoover WD Jr, Maize JC.

Focal acantholytic dyskeratosis occurring in pityriasis rubra pilaris.

Am J Dermatopathol. 1990 Jun;12(3):321-3. .

Borok M, Lowe NJ.

Pityriasis rubra pilaris. Further observations of systemic retinoid therapy.

J Am Acad Dermatol. 1990 May;22(5 Pt 1):792-5.

Ford TC, Mirarchi JA, Castillo J.

Kyrle's disease. A rare case report and surgical treatment.

J Am Podiatr Med Assoc. 1990 Mar;80(3):151-5. .

Gupta AK, Ellis CN, Nickoloff BJ, Goldfarb MT, Ho VC, Rocher LL, Griffiths CE, Cooper KD, Voorhees JJ.

Oral cyclosporine in the treatment of inflammatory and noninflammatory dermatoses. A clinical and immunopathologic analysis.

Arch Dermatol. 1990 Mar;126(3):339-50.

Axiotis CA.

Focal acantholytic dyskeratosis occurring in pityriasis rubra pilaris.

Am J Dermatopathol. 1990 Feb;12(1):105. .

Arifov SS, Kubanov AA, Akimov VG, Dmitriev GA.

The effect of intensified lipid peroxidation in patients with Devergie's lichen ruber pilaris on adenylate cyclase activity.

Vestn Dermatol Venerol. 1990;(3):6-8. Russian.

Kubanov AA, Arifov SS, Mandel' AS.

The treatment of Devergie's lichen ruber pilaris.

Vestn Dermatol Venerol. 1990;(9):76. Russian. .

Pityriasis rubra pilaris – references and information sources

Kalamkarian AA, Chistiakova IA.

The therapeutic possibilities in lichen ruber pilaris.

Vestn Dermatol Venerol. 1990;(9):36-9. Russian.

Kubanova AA, Arifov SS.

The characteristics of the clinical course of Devergie's versicolor Pityriasis ruber pilaris.

Vestn Dermatol Venerol. 1990;(7):59-61. Russian.

Kalamkarian AA, Kubanova AA, Akimov VG, Arifov SS.

Devergie's lichen ruber pilaris.

Vestn Dermatol Venerol. 1990;(6):20-4. Review. Russian. .

Larregue M, Coutard Vant F, Bressieux JM, Fusade T, Crampon P.

Acute pityriasis rubra pilaris in children. Treatment with etretinate (Tigason).

Ann Dermatol Venereol. 1990;117(11):825-6. French. .

Ghazi A, Laso-Dosal F.

Cyclosporin A and pityriasis rubra pilaris.

Acta Derm Venereol. 1990;70(2):181. .

1980 to 1989

Sehgal VN, Jain MK, Mathur RP.

Pityriasis rubra pilaris in Indians.

Br J Dermatol. 1989 Dec;121(6):821-2. .

Lambert DG, Dalac S.

Nail changes in type 5 pityriasis rubra pilaris.

J Am Acad Dermatol. 1989 Oct;21(4 Pt 1):811-2. .

Holden CA, Curley RK.

Down's syndrome and pityriasis rubra pilaris.

Clin Exp Dermatol. 1989 Jul;14(4):332. .

Kariniemi AL, Virtanen I.

Altered keratin expression in benign and malignant skin diseases revealed with monoclonal antibodies.

Am J Dermatopathol. 1989 Jun;11(3):202-8.

Cohen PR, Prystowsky JH.

Pityriasis rubra pilaris: a review of diagnosis and treatment.

J Am Acad Dermatol. 1989 May;20(5 Pt 1):801-7. Review.

Graham R.

What is pityriasis rosea?

Practitioner. 1989 Apr 22;233(1467):555. .

Kao GF, Sulica VI.

Focal acantholytic dyskeratosis occurring in pityriasis rubra pilaris.

Am J Dermatopathol. 1989 Apr;11(2):172-6.

Kellum RE.

Possible significance of aqueous emulsified vitamin A in effective therapy for pityriasis rubra pilaris.

J Am Acad Dermatol. 1989 Jan;20(1):126-8. .

Sekkat A, Alami M, Derdabi D, Sedrati O, Benhayoune ST.

Scleroderma-like pityriasis rubrapilaris.

Ann Dermatol Venereol. 1989;116(11):898-900. French. .

Meyer P, van Voorst Vader PC.

Lack of effect of cyclosporin A in pityriasis rubra pilaris.

Acta Derm Venereol. 1989;69(3):272. .

Oxholm A, Thomsen K, Menne T.

Squamous cell carcinomas in relation to cyclosporin therapy of non malignant skin disorders.

Acta Derm Venereol. 1989;69(1):89-90.

Pityriasis rubra pilaris – references and information sources

- Nakjang Y, Yuttanavivat T.
Phrynoderma: a review of 105 cases.
J Dermatol. 1988 Dec;15(6):531-4. .
- Hazini AR, Rongioletti F, Rebora A.
Pityriasis rubra pilaris and vitiligo in Down's syndrome.
Clin Exp Dermatol. 1988 Sep;13(5):334-5. .
- Strauss T, Kuhn A, Steigleder GK.
Vesicular pityriasis rosea.
Hautarzt. 1988 Aug;39(8):524-6. German.
- Korth EE, Bonnaire EC, Rogner O, Lutjen R.
Emotional stresses and cognitive processes in patients with neurodermatitis.
Psychother Psychosom Med Psychol. 1988 Aug;38(8):276-81. German. .
- Barriere H.
Pityriasis rubra pilaris.
Ann Dermatol Venereol. 1988;115(2):209-12. French. .
- Mirakhmedov UM, Khangel'dov AE, Rakhmatov AB.
Devergie's disease.
Vestn Dermatol Venerol. 1988;(3):53-4. Russian. .
- Martinez Ojeda L, Ramirez Bosca A, Valcuende Cavero F, Massmanian A, Castells Rodellas A.
Marking disorders of keratinization by means of lectins. II. Keratosis pilaris, lichen spinulosus, porokeratosis, lichen striatus and pityriasis rubra pilaris.
Med Cutan Ibero Lat Am. 1988;16(3):183-6. Spanish.
- Schwengle LE, Rampen FH.
Eruptive seborrheic keratoses associated with erythrodermic pityriasis rubra pilaris. Possible role of retinoid therapy.
Acta Derm Venereol. 1988;68(5):443-5.
- Duke RA, Barrett MR, Salazar JE, Scott RL, Sebes JE.
Acro-osteolysis secondary to pityriasis rubra pilaris.
AJR Am J Roentgenol. 1987 Nov;149(5):1082-3. .
- Pankajam R, Vinodkumar CH, Rajendran V, Ramesh K, Anandadasan PK, Bhatia VN, Neelan PN.
Pityriasis rubra pilaris with leprophobia.
Int J Lepr Other Mycobact Dis. 1987 Sep;55(3):555-6. .
- Westerhof W, Dingemans KP.
The morphology of keratohyalin granules in orthokeratotic and parakeratotic skin and oral mucosa.
Int J Dermatol. 1987 Jun;26(5):308-13.
- Halkier-Sorensen L, Laurberg G, Andresen J.
Bone changes in children on long-term treatment with etretinate.
J Am Acad Dermatol. 1987 May;16(5 Pt 1):999-1006.

Pityriasis rubra pilaris – references and information sources

Shvili D, David M, Mimouni M.

Childhood-onset pityriasis rubra pilaris with immunologic abnormalities.

Pediatr Dermatol. 1987 May;4(1):21-3.

Dicken CH.

Isotretinoin treatment of pityriasis rubra pilaris.

J Am Acad Dermatol. 1987 Feb;16(2 Pt 1):297-301.

Bukharovich AM.

Devergie's familial disease.

Vestn Dermatol Venerol. 1987;(9):49-50. Russian. .

Happle R, van de Kerkhof PC, Traupe H.

Retinoids in disorders of keratinization: their use in adults.

Dermatologica. 1987;175 Suppl 1:107-24. Review.

Schmoeckel C Burg G Hoffmann-Fezer G et al.

Cutaneous immunoblastic T-cell lymphoma.

In: Wilkinson DS, et.al. eds Clinical Dermatology: World Congress of Dermatology. Stuttgart : Schattauer, 1987:856-7.

Kanerva L.

Basal keratinocyte herniation.

Acta Derm Venereol. 1987;67(3):254-7.

Dicken CH .

Isotretinoin treatment of pityriasis rubra pilaris.

J am Acad Dermatol 1987;16:297-301.

Colmant A, Volle D, Barthelemy H, Freycon F, Claudy A.

What is your diagnosis?

Pediatrie. 1986 Dec;41(8):665-7. French. .

Gelmetti C, Schiuma AA, Cerri D, Gianotti F.

Pityriasis rubra pilaris in childhood: a long-term study of 29 cases.

Pediatr Dermatol. 1986 Dec;3(6):446-51.

Sonnex TS, Dawber RP, Zachary CB, Millard PR, Griffiths AD.

The nails in adult type 1 pityriasis rubra pilaris. A comparison with Sezary syndrome and psoriasis.

J Am Acad Dermatol. 1986 Nov;15(5 Pt 1):956-60.

Soeprono FF.

Histologic criteria for the diagnosis of pityriasis rubra pilaris.

Am J Dermatopathol. 1986 Aug;8(4):277-83.

Ferrando J.

Clinical trial of a topical preparation containing urea, sunflower oil, evening primrose oil, wheat germ oil and sodium pyruvate, in several hyperkeratotic skin conditions.

Med Cutan Ibero Lat Am. 1986;14(2):133-7. Spanish.

Pityriasis rubra pilaris – references and information sources

- Siegenthaler G, Saurat JH, Salomon D, Merot Y.
Skin cellular retinoid-binding proteins and retinoid-responsive dermatoses.
Dermatologica. 1986;173(4):163-73.
- Takematsu H, Terui T, Tagami H.
Demonstration of leukotriene B4 in the scale extracts of psoriasis and inflammatory pustular dermatoses. Correlation with leukocyte chemotactic activity and C5a anaphylatoxin.
Acta Derm Venereol. 1986;66(1):6-10.
- Soeprono FF .
Histologic criteria for the diagnosis of pityriasis rubra pilaris.
Am J Dermatopathol 1986;8:277-83.
- Gelmetti C Schiuma AA Cerri D et al.
Pityriasis rubra pilaris in childhood a long-term study of 29 cases.
Pediatr Dermatol 1986;3:446-51.
- Menshikova AK, Kuklin VT, Men'shikova NE, Fadeev MG.
Systemic lupus erythematosus associated with Devergie's disease.
Vestn Dermatol Venerol. 1985 Oct;(10):68-70. Russian. .
- Gottlieb AB, Posnett DN, Crow MK, Horikoshi T, Mayer L, Carter DM.
Purification and in vitro growth of human epidermal basal keratinocytes using a monoclonal antibody.
J Invest Dermatol. 1985 Oct;85(4):299-303.
- Barr RJ, Young EM Jr.
Psoriasiform and related papulosquamous disorders.
J Cutan Pathol. 1985 Oct;12(5):412-25. .
- Cheesbrough MJ, Williamson DM.
Erythema gyratum repens, a stage in the resolution of pityriasis rubra pilaris?
Clin Exp Dermatol. 1985 Sep;10(5):466-71. .
- Brice SL, Spencer SK.
Stanozolol in the treatment of pityriasis rubra pilaris.
Arch Dermatol. 1985 Sep;121(9):1105-6. .
- Mortimer PS, Dawber RP.
Dermatologic diseases of the nail unit other than psoriasis and lichen planus.
Dermatol Clin. 1985 Jul;3(3):401-7.
- Golitz L.
Follicular and perforating disorders.
J Cutan Pathol. 1985 Jun-Aug;12(3-4):282-8.
- Wall LM, Heenan PJ, Papadimitriou JM.
Generalized lichen nitidus: a case report.
Australas J Dermatol. 1985 Apr;26(1):36-40. .

Pityriasis rubra pilaris – references and information sources

- Pavlidakey GP, Hashimoto K, Savoy LB, Heller GL, Iacobelli D, Barfield L.
Stanozolol in the treatment of pityriasis rubra pilaris.
Arch Dermatol. 1985 Apr;121(4):546-8. .
- Fox BJ, Odom RB.
Papulosquamous diseases: a review.
J Am Acad Dermatol. 1985 Apr;12(4):597-624. Review.
- Imamura S, Ozaki M, Oguchi M, Okamoto H, Horiguchi Y.
Atypical pityriasis rosea.
Dermatologica. 1985;171(6):474-7.
- Savall R, Puig X, Felip A.
Norwegian scabies.
Med Cutan Ibero Lat Am. 1985;13(2):115-7. Spanish.
- Traupe H, Happle R.
Etretinate therapy in children with severe keratinization defects.
Eur J Pediatr. 1985 Jan;143(3):166-9. Review.
- Risch J, Ashton RE, Lowe NJ, Chalet M.
13-cis-retinoic acid for dyskeratinizing diseases—clinicopathological responses.
Clin Exp Dermatol. 1984 Sep;9(5):472-83. .
- Kohn SR.
Pityriasis rubra pilaris.
Arch Dermatol. 1984 Aug;120(8):995. .
- Vil'chinskii MP, Shatilov AV, Neshkov NS, Provizion LN.
Etiological and diagnostic aspects of Devergie's pityriasis rubra pilaris.
Vestn Dermatol Venerol. 1984 Jul;(7):49-52. Russian. .
- Ward A, Brogden RN, Heel RC, Speight TM, Avery GS.
Isotretinoin. A review of its pharmacological properties and therapeutic efficacy in acne and other skin disorders.
Drugs. 1984 Jul;28(1):6-37. Review.
- Griffiths A.
Pityriasis rubra pilaris. Etiologic considerations.
J Am Acad Dermatol. 1984 Jun;10(6):1086-8. .
- Gendler E.
Azathioprine for use in dermatology.
J Dermatol Surg Oncol. 1984 Jun;10(6):462-4. .
- Kalamkarian AA, Marzeeva GI, Averbakh EV, Olisova MO.
Experience in using photochemotherapy in Devergie's lichen ruber pilaris.
Vestn Dermatol Venerol. 1984 Feb;(2):4-6. Russian. .

Pityriasis rubra pilaris – references and information sources

- Walther T, Kopping H, Barth J.
Pityriasis rubra pilaris in childhood.
Dermatol Monatsschr. 1984;170(4):262-7. German. .
- Kriazheva SS, Vedrova IN, Prokhorov AI.
Features of the clinical course and treatment of Devergie's disease.
Vestn Dermatol Venerol. 1984 Jan;(1):8-11. Russian. .
- Kaneko F, Muramatsu R, Takahashi Y, Miura Y.
Extractable immune complex in soluble substances from psoriatic scales.
Arch Dermatol Res. 1984;276(1):45-51.
- van Voorst Vader PC, van Oostveen F, Houthoff HJ, Marrink J.
Pityriasis rubra pilaris, vitamin A and retinol-binding protein: a case study.
Acta Derm Venereol. 1984;64(5):430-2.
- Murray JC, Gilgor RS, Lazarus GS.
Serum triglyceride elevation following high-dose vitamin A treatment for pityriasis rubra pilaris.
Arch Dermatol. 1983 Aug;119(8):675-6.
- Ruiz-Maldonado R, Tamayo L.
Retinoids in keratinizing diseases and acne.
Pediatr Clin North Am. 1983 Aug;30(4):721-34. Review. .
- Wise RD.
Papulosquamous diseases of the lower extremities.
Clin Dermatol. 1983 Jul-Sep;1(1):35-43. .
- Winkelmann RK, Thomas JR 3rd, Randle HW.
Further experience with toxic vitamin A therapy in pityriasis rubra pilaris.
Cutis. 1983 Jun;31(6):621-32.
- Kanerva L, Lauharanta J, Niemi KM, Lassus A.
Ultrastructure of pityriasis rubra pilaris with observations during retinoid (etretinate) treatment.
Br J Dermatol. 1983 Jun;108(6):653-63.
- Stoll DM, King LE Jr, Chytil F.
Serum levels of retinol binding protein in patients with pityriasis rubra pilaris.
Br J Dermatol. 1983 Mar;108(3):375. .
- Becker K.
Isotretinoin: a review.
Ariz Med. 1983 Feb;40(2):88-90. .
- Reinhardt LA, Rosen T.
Pityriasis rubra pilaris as the initial manifestation of leukemia.
Cutis. 1983 Jan;31(1):100-2.

Pityriasis rubra pilaris – references and information sources

Braun-Falco O, Ryckmanns F, Schmoeckel C, Landthaler M.

Pityriasis rubra pilaris: a clinico-pathological and therapeutic study with special reference to histochemistry, autoradiography, and electron microscopy. Arch Dermatol Res. 1983;275(5):287-95.

Hanke CW, Steck WD.

Childhood-onset pityriasis rubra pilaris treated with methotrexate administered intravenously.

Cleve Clin Q. 1983 Summer;50(2):201-3. .

Larregue M, Champion R, Bressieux JM, Laidet B, Lorette G.

Acute pityriasis rubra pilaris in the child. Apropos of 4 cases.

Ann Dermatol Venereol. 1983;110(3):221-8. French.

Fernandes Rodrigues JC, Pinto Soares A, Garcia E Silva L.

Follicular psoriasis with cicatricial alopecia. Piccardi-Lassueur-Graham Little syndrome of a psoriatic nature.

Med Cutan Ibero Lat Am. 1983;11(1):1-6. Portuguese.

Holmes RCM McGibbon DH Black MM.

Mycosis fungoides: progression towards Sezary syndrome reversed with chlorambucil.

Clin Exp Dermatol 1983;8:429-35.

Braun-Falco O Ryckmanns F Schmoeckel C Landthaler M.

Pityriasis rubra pilaris: a clinicopathological and therapeutic study with special reference to Histochemistry, Autoradiography and Electron Microscopy.

Arch Dermatol Res 1983;275:287-95.

Griffiths WA, Pieris S.

Pityriasis rubra pilaris--an autoradiographic study.

Br J Dermatol. 1982 Dec;107(6):665-7. .

de Bast C, Van Opendenbosch L, De Coninck A.

Pityriasis rubra pilaris treated with Ro 10-9359--apropos of 2 cases.

Dermatologica. 1982 Nov;165(5):454-7. French. .

Roduner J, Krebs A.

Oral treatment with retinoids--current state.

Ther Umsch. 1982 Nov;39(11):897-906. Review. German. .

Griffiths WA.

Vitamin A and pityriasis rubra pilaris.

J Am Acad Dermatol. 1982 Oct;7(4):555. .

Hoting E, Maurach R, Meigel W.

Oral treatment with retinoids-mechanisms of action and clinical experiences in erythematosquamous and other dermatoses.

Z Hautkr. 1982 Aug 1;57(15):1137-43. German.

No authors listed

Retinol binding protein and pityriasis rubra pilaris.

Br J Dermatol. 1982 Jul;107(1):125-7. .

Pityriasis rubra pilaris – references and information sources

- Westfried M, Rosenthal JC, Coppola A, Rapp Y.
Sezary syndrome presenting as a follicular dermatosis.
Cutis. 1982 Apr;29(4):390-2, 394-6.
- Goldsmith LA, Weinrich AE, Shupack J.
Pityriasis rubra pilaris response to 13-cis-retinoic acid (isotretinoin).
J Am Acad Dermatol. 1982 Apr;6(4 Pt 2 Suppl):710-5.
- Bergamaschini L, Tucci A, Colombo A, Agostoni A, Finzi AG, Altomare GF, Pigatto PD.
Effect of stanozolol in patients with pityriasis rubra pilaris and retinol-binding protein deficiency.
N Engl J Med. 1982 Mar 4;306(9):546-7. .
- Polishchuk SI, Goncharov VV.
Pityriasis rubra pilaris (Devergie's disease).
Vestn Dermatol Venerol. 1982;(1):61-2. Russian. .
- Vahlquist A.
Retinol binding protein and pityriasis rubra pilaris.
Br J Dermatol 1982;107:125-6.
- Fleissner J, Happle R.
Etretinate in the treatment of juvenile pityriasis rubra pilaris.
Arch Dermatol. 1981 Nov;117(11):749-50. .
- Ayres S Jr.
Pityriasis rubra pilaris controlled by synergism of vitamins A and E.
J Am Acad Dermatol. 1981 Sep;5(3):350-1. .
- Ahmed AR, Moy R.
Azathioprine.
Int J Dermatol. 1981 Sep;20(7):461-7. Review. .
- Skinner RB Jr, Rosenberg EW, Pucevich MV, Kaplan RJ.
Cod liver oil and skin disease.
J Am Acad Dermatol. 1981 Aug;5(2):222. .
- Marks R, Finlay AY, Holt PJ.
Severe disorders of keratinization: effects of treatment with Tigason (etretinate).
Br J Dermatol. 1981 Jun;104(6):667-73.
- Ralfs IG, Dawber RP, Ryan TJ, Wright NA.
Pityriasis rubra pilaris: epidermal cell kinetics.
Br J Dermatol. 1981 Mar;104(3):249-52.
- Finzi AF, Altomare G, Bergamaschini L, Tucci A.
Pityriasis rubra pilaris and and retinol-binding protein.
Br J Dermatol. 1981 Mar;104(3):253-6.

Pityriasis rubra pilaris – references and information sources

- Griffiths A, Ralfs I.
Aminonicotinamide in pityriasis rubra pilaris.
Arch Dermatol. 1981 Mar;117(3):127. .
- Thiers BH.
Therapeutic briefs. III.
J Am Acad Dermatol. 1981 Mar;4(3):369-72. .
- Torres Peris V, Aloy Pantin M, Capella Perez C, Castells Rodellas A.
Erythrodermic pityriasis rubra pilaris.
Med Cutan Ibero Lat Am. 1981;9(6):423-8. Spanish. .
- Stankler L Ewen SW.
Follicular psoriasis.
Br J Dermatol 1981;104:153-6.
- Ralfs IG Dawber RPR Ryan TJ et al.
Pityriasis rubra pilaris: epidermal cell kinetics.
Br J Dermatol 1981;104:249-52.
- Griffiths WAD Hall-Smith P.
Pityriasis rubra pilaris with relapses.
Br J Dermatol 1981;105 (suppl. 19);59-59.
- Viglioglia PA.
Therapeutic evaluation of the oral retinoid Ro 10-9359 in several non-psoriatic dermatoses.
Br J Dermatol. 1980 Nov;103(5):483-7.
- Randle HW, Diaz-Perez JL, Winkelmann RK.
Toxic doses of vitamin A for pityriasis rubra pilaris.
Arch Dermatol. 1980 Aug;116(8):888-92.
- Farb RM, Lazarus GS, Chiaramonti A, Goldsmith LA, Gilgor RS, Balakrishnan CV.
The effect of 13-cis retinoic acid on epidermal lysosomal hydrolase activity in Darier's disease and pityriasis rubra pilaris.
J Invest Dermatol. 1980 Aug;75(2):133-5.
- Dolezal JF.
Pityriasis rubra pilaris. A case report and photo essay.
Cutis. 1980 Jul;26(1):37-40. .
- Randle HW, Winkelmann RK.
Pityriasis rubra pilaris and celiac sprue with malabsorption.
Cutis. 1980 Jun;25(6):626-7.
- Gilgor RS, Chiaramonti A, Goldsmith LA, Lazarus GS.
Evaluation of 13-cis retinoic acid in lamellar ichthyosis, pityriasis rubra pilaris and Darier's disease.
Cutis. 1980 Apr;25(4):380-1, 385.

Pityriasis rubra pilaris – references and information sources

Griffiths WA.

Pityriasis rubra pilaris.

Clin Exp Dermatol. 1980 Mar;5(1):105-12. .

Lauharanta J, Lassus A.

Treatment of pityriasis rubra pilaris with an oral aromatic retinoid (RO 10--9359).

Acta Derm Venereol. 1980;60(5):461-2.

1970 to 1979

Zabel M, Panteleos D.

Multiple basalioomas in pityriasis rubra pilaris.

Hautarzt. 1979 Oct;30(10):537-9. German.

Bardach H.

Folliculitis granulomatosa perforans profunda: an independent perforating dermatosis?

Hautarzt. 1979 Sep;30(9):489-93. German.

Binnick SA.

Pityriasis rubra pilaris proceedings

Int J Dermatol. 1979 Sep;18(7):587-8. .

Ayres S Jr, Mihan R, Scribner MD.

Synergism of vitamins A and E with dermatologic applications.

Cutis. 1979 May;23(5):600-3, 689-90.

Bielan B.

Honing your assessment skills: what that rash really means.

RN. 1979 Feb;42(2):58-9. .

Kerl H, Pachinger W.

Psoriasis: odd varieties in the adult.

Acta Derm Venereol Suppl (Stockh). 1979;87:90-4.

Zackheim HS.

Topical 6-aminonicotinamide plus oral niacinamide therapy for psoriasis.

Arch Dermatol. 1978 Nov;114(11):1632-8.

Brenner W, Gschnait F, Honigsmann H, Fritsch P.

The testing of photochemotherapy in various dermatoses.

Hautarzt. 1978 Oct;29(10):541-4. German.

Binnick SA.

Pityriasis rubra pilaris responding to aminonicotinamide.

Arch Dermatol. 1978 Sep;114(9):1348-9.

Benedetto AV, Bergfeld WF.

Papulosquamous disorders of the feet.

J Am Podiatry Assoc. 1978 Aug;68(8):526-30. .

Rosen T, Chappell R, Drucker C.

Exfoliative dermatitis: presenting sign of internal malignancy.

South Med J. 1979 72:652-653.

Pityriasis rubra pilaris – references and information sources

Ackerman AB.

Sherlock Holmesian dermatopathology. Parakeratosis as a diagnostic clue.

Am J Surg Pathol. 1978 Mar;2(1):71-80. .

Peck GL, Yoder FW, Olsen TG, Pandya MD, Butkus D.

Treatment of Darier's disease, lamellar ichthyosis, pityriasis rubra pilaris, cystic acne, and basal cell carcinoma with oral 13-cis-retinoic acid.

Dermatologica. 1978;157 Suppl 1:11-2. .

Harper RA, Rispler J.

Pityriasis rubra pilaris epidermal cells in vitro. A comparison with normal and psoriatic cells.

Arch Dermatol Res. 1977 Dec 27;260(3):253-5. .

Lynch WS, Martin JS, Roenigk HH Jr.

Clinical results of photochemotherapy. The Cleveland Clinic experience.

Cutis. 1977 Oct;20(4):477-80.

Stuttgen G, Ippen H, Mahrle G.

Oral vitamin A acid in treatment of dermatoses with pathologic keratinization.

Int J Dermatol. 1977 Jul-Aug;16(6):500-2. .

Campbell JJ, Oski FA.

Sickle cell anemia in an American white boy of Greek ancestry.

Am J Dis Child. 1977 Feb;131(2):186-8.

Weinstein GD.

Methotrexate.

Ann Intern Med. 1977 Feb;86(2):199-204. Review.

Kocsard E.

The rarity of actinic keratoses in patients with psoriasis.

Z Hautkr. 1977 Jan 15;52(2):55-6. German. .

Kaminsky CA, De Kaminsky AR, Pecoraro V, Abulafia J.

Benign circinated pityriasis erythema in children.

Med Cutan Ibero Lat Am. 1977;5(5):305-7. Spanish.

Griffiths WAD.

Pityriasis rubra pilaris:clinical features and natural history in a series of 93 patients.

Br J Dermatol 1977;97 (suppl 15):18-18.

Peck GL, Yoder FW.

Treatment of lamellar ichthyosis and other keratinising dermatoses with an oral synthetic retinoid.

Lancet. 1976 Nov 27;2(7996):1172-4.

Maidhof R, Weidner F.

Erythrodermic pityriasis rubra pilaris or mycosis fungoides?

Z Hautkr. 1976 Aug 15;51(16):697-8. German. .

Pityriasis rubra pilaris – references and information sources

Stone OJ.

Hidradenitis suppurativa following acanthosis nigricans. Report of two cases.
Arch Dermatol. 1976 Aug;112(8):1142.

Morrison JG.

Sarcoidosis in a child, presenting as an erythroderma with keratotic spines and palmar pits.
Br J Dermatol. 1976 Jul;95(1):93-7.

Schimpf A.

Systemic use of an aromatic derivative of vitamin A acid (Ro 10-9359) in psoriasis and keratosis.
Z Hautkr. 1976 Apr 1;51(7):265-75. German. .

Tunnessen WW Jr, Nieburg PI, Voorhess ML.

Hypothyroidism and pityriasis rubra pilaris. Response to thyroid hormone.
J Pediatr. 1976 Mar;88(3):456-8. .

Griffiths WA.

Pityriasis rubra pilaris--an historical approach. 2. Clinical features.
Clin Exp Dermatol. 1976 Mar;1(1):37-50. .

Zabel M.

Unusual course of pityriasis rubra pilaris.
Z Hautkr. 1976 Mar 1;51(5):194-8. German. .

Niemi KM, Kousa M, Storgards K, Karvonen J.

Pityriasis rubra pilaris. A clinico-pathological study with a special reference to autoradiography and histocompatibility antigens.
Dermatologica. 1976;152(2):109-18.

Gerber NL, Steinberg AD.

Clinical use of immunosuppressive drugs: part I.
Drugs. 1976;11(1):14-35. Review.

Gunther S.

Local vitamin A acid therapy in palmar/plantar hyperkeratoses (authors transl).
Z Orthop Ihre Grenzgeb. 1975 Oct;113(5):916-9. German.

Gunther S.

Therapeutic effect of vitamin A acid (retinoic acid) in various forms of palmar/plantar hyperkeratoses: experimental studies on 68 patients.
Z Hautkr. 1975 Jul 15;50(14):607-15. German.

Mier PD, Van Den Hurk J, Van Rossum E.

Plasma vitamin A levels in the hyskeratoses.
Br J Dermatol. 1975 Jan;92(1):73-5.

Griffiths WA.

Pityriasis rubra pilaris - an historical approach.
Trans St Johns Hosp Dermatol Soc. 1975;61(1-2):58-69. .

Pityriasis rubra pilaris – references and information sources

Gurevitch AW.

Proceedings: Pityriasis rubra pilaris.
Arch Dermatol. 1974 Nov;110(5):821. .

Kocsard E.

Associated dermatoses and triggering factors in psoriasis.
Australas J Dermatol. 1974 Aug;15(2):64-76. .

Ruszczak Z.

Immunosuppressive treatment of skin diseases. II. Clinical use of immunosuppressive drugs.
Przegl Dermatol. 1974 Jul-Aug;61(4):529-35. Review. Polish. .

Holubar K.

The application and value of immunofluorescence procedures in dermatology (author's transl).
Wien Klin Wochenschr. 1974 Jun 14;86(12):325-30. Review. German. .

Capdevila JM, Pedragosa R.

Pityriasis rubra pilaris with pseudoainhum.
Actas Dermosifiliogr. 1974 May-Jun;64(5):245-8. Spanish. .

Christophers E, Plewig G.

Formation of the acrosyringium.
Arch Dermatol. 1973 Mar;107(3):378-82. .

O'Keefe E, Braverman IM, Cohen I.

Annulus migrans. Identical lesions in pustular psoriasis, Reiter's syndrome, and geographic tongue.
Arch Dermatol. 1973 Feb;107(2):240-4. .

Gunther S, Alston W.

Follicular keratoses. Pilot studies of serum level of vitamin A and liver function tests during administration of retinoic acid in hyperkeratosis follicularis et parafollicularis (Kyrle's disease), pityriasis rubra pilaris, and keratosis follicularis (Darier's disease).
Dermatologica. 1973;147(4):274-83. .

Krull EA, Fellman AC, Fabian LA.

White lesions of the mouth.
Clin Symp. 1973;25(2):2-32. .

Wilson FM 2nd, Grayson M, Pieroni D.

Corneal changes in ectodermal dysplasia. Case report, histopathology, and differential diagnosis.
Am J Ophthalmol. 1973 Jan;75(1):17-27. .

Aguilar AR, Gomez F, Balsa FT, Framil JP, Oubina PN.

Pityriasis rubra pilaris with muscle and joint involvement.
Dermatologica. 1973;146(6):361-6. .

Marks R Griffiths A.

The epidermis in pityriasis rubra pilaris – a comparison with psoriasis.
Br J Dermatol 1973;89 (suppl 9):19-20.

Pityriasis rubra pilaris – references and information sources

Beamer, J. E.; Newman, S. B.; Reed, W. B.; Cram, D.
Pityriasis rubra pilaris.
Cutis 1972, 10: 419-421.

Kint A, De Bie S, Geerts ML, T'Kint R.
Pityriasis rubra pilaris, a familial condition.
Arch Belg Dermatol Syphiligr. 1972 Oct-Dec;28(4):371-6. .

Pegum JS.
Advances in the treatment of diseases of the skin.
Practitioner. 1972 Oct;209(252):453-9. Review. .

Kaulen-Becker L.
Pityriasis rubra pilaris.
Z Haut Geschlechtskr. 1972 Sep 1;47(17):21-6. German. .

Haustein UF, Schulze P, Sonnichsen N.
Long-term treatment of the erythrodermic form of pityriasis rubra pilaris using methotrexate.
Dermatol Monatsschr. 1972 Sep;158(9):655-9. German. .

Hunter GA, Forbes IJ.
Treatment of pityriasis rubra pilaris with azathioprine.
Br J Dermatol. 1972 Jul;87(1):42-5. .

Sellei K, Krebs A, Schaltegger H.
Comparative immunological studies of skin proteins in some exfoliative dermatoses.
Dermatologica. 1972;145(2):109-14. German. .

Barety M, Migozzi B, Conil J, Sylvester J, Schmitt MR.
Pilary keratosis with presence of an abnormal immunoglobulin. Scleromyxedema?
Bull Soc Fr Dermatol Syphiligr. 1972;79(5):443-9. French. .

Hendrikse JC.
Case for diagnosis: pityriasis rubra pilaris?
Dermatologica. 1972;144(6):356-9. .

Metz B, Landes E.
Therapy using subtoxic doses of vitamin A.
Arch Dermatol Forsch. 1972;244:421-2. German. .

Degos R, Belaich S, Martinet C, Reboul D.
Pityriasis rubra pilaris of acute onset.
Bull Soc Fr Dermatol Syphiligr. 1972;79(1):20. French. .

Gunther S.
Topical administration of vitamin A acid (retinoic acid) in palmar keratoses: callosities, hyperkeratotic eczema, hypertrophic lichen planus, pityriasis rubra pilaris.
Dermatologica. 1972;145(5):344-7. .

Pityriasis rubra pilaris – references and information sources

- Standlee TL, Tindall JP.
Clinical trials with topical vitamin A acid.
South Med J. 1971 Dec;64(12):1496-502. .
- Kierland RR.
What's new-1970.
Int J Dermatol. 1971 Jul-Sep;10(3):211-21. Review. .
- Huntley CC.
Pityriasis rubra pilaris.
Am J Dis Child. 1971 Jul;122(1):22-3. .
- Gordon HH.
Pityriasis rubra pilaris.
Arch Dermatol. 1971 May;103(5):563-4. .
- Bazarnova MA, Alekseev AF.
The value of several morphologic indices in the clinical picture of secondary erythrodermias.
Probl Gematol Pereliv Krovi. 1971 May;16(5):17-20. Russian. .
- Schaller KF.
Differential diagnosis of leprosy.
Int J Lepr Other Mycobact Dis. 1971 Apr-Jun;39(2):447-55. .
- Stanoeva L, Konstantinov D, Ristov R.
Clinical aspect of pityriasis rubra pilaris in childhood.
Dermatologica. 1971;142(1):1-6. .
- Chapman RS.
Lichen verrucosus and reticularis.
Dermatologica. 1971;142(6):363-73. .
- Racouchot J, Cottraux L, Guilaine J, Belicard P, Moulin G.
Case for diagnosis: generalized pityriasis rubra pilaris? Scleromyxedema? Association?
Bull Soc Fr Dermatol Syphiligr. 1971;78(2):186-8 concl. French. .
- Zachariae H, Schiodt T.
Liver biopsy in methotrexate treatment.
Acta Derm Venereol. 1971;51(3):215-20. .
- Knowles WR, Chernosky ME.
Pityriasis rubra pilaris. Prolonged treatment with methotrexate.
Arch Dermatol. 1970 Dec;102(6):603-12. .
- No authors listed
Pityriasis rubra pilaris vs psoriasis.
Arch Dermatol. 1970 Nov;102(5):374-6. .

Pityriasis rubra pilaris – references and information sources

- Marks J, Shuster S.
Vitamin B12 excretion in patients with various skin diseases.
Br Med J. 1970 Sep 12;3(723):618-21. .
- Bossong W.
Dermatological bath therapy with a polysaccharide-protein complex from oatmeal.
Z Haut Geschlechtskr. 1970 Jun 15;45(12):495-8. German. .
- Jetton RL.
Methotrexate and its uses in dermatology.
Med Times. 1970 Jun;98(6):83-92. Review. .
- Racouchot J, Cottraux L, Guilaine J, Belicard P.
Case for diagnosis: generalized pityriasis rubra pilaris? Sclero-myxedema? Association?
Lyon Med. 1970 Apr 19;223(16):863-7. French. .
- Hatano H, Kawashima H.
Pityriasis rubra pilaris.
Geka Chiryō. 1970 Feb;22(2):209-10. Japanese. .
- Racouchot J, Cottraux L, Guilaine J, Belicard P.
Case for diagnosis: generalized pityriasis rubra pilaris? Sclero-myxedema? The association?
Bull Soc Fr Dermatol Syphiligr. 1970;77(2):266-77. French. .
- Kint A de Bie S Geerts M-L et al.
Pityriasis Rubra Pilaris a familial occurrence.
Archs Belge Derm Syph. 1972;28:371-76.
- Bradford LG
Pityriasis Rubra Pilaris - Familial occurrence in an Alabama family.
Cutis 1970;6:855-60.

1960 to 1969

Davidson CL Jr, Winkelmann RK, Kierland RR.

Pityriasis rubra pilaris. A follow-up study of 57 patients.

Arch Dermatol. 1969 Aug;100(2):175-8. .

Gross DA, Landau JW, Newcomer VD.

Pityriasis rubra pilaris. Report of a case and analysis of the literature.

Arch Dermatol. 1969 Jun;99(6):710-6. .

Wong KO.

Systemic lupus erythematosus: a report of forty-five cases with unusual clinical and immunological features.

Br J Dermatol. 1969 Mar;81(3):186-90. .

Parish LC, Woo TH.

Pityriasis rubra pilaris in Korea. Treatment with methotrexate.

Dermatologica. 1969;139(6):399-403. .

Porter D, Shuster S.

Epidermal renewal and amino acids in psoriasis and pityriasis rubra pilaris.

Arch Dermatol. 1968 Oct;98(4):339-43. .

Feuerman EJ, Levy A.

On the treatment of lichen ruber with INH.

Hautarzt. 1968 Jul;19(7):309-12. German. .

Blair C.

Morphology and thickness of the human stratum corneum.

Br J Dermatol. 1968 Jul;80(7):430-6. .

Irgang S.

Pityriasis rubra pilaris responsive to ascorbic acid.

Australas J Dermatol. 1968 Jun;9(3):211-7. .

Baden HP, Roth SI.

Oral lesions in pityriasis rubra pilaris.

Oral Surg Oral Med Oral Pathol. 1968 May;25(5):691-4. .

Carruthers R.

A plea for further investigation of the sun-protective effect of vitamin A.

Med J Aust. 1968 Feb 17;1(7):282-4. .

No authors listed

Pityriasis rosea.

Lancet. 1968 Jan 6;1(7532):33. .

Pityriasis rubra pilaris – references and information sources

- Madzarovova-Nohejlova, Pokorny M.
Behavior of small intestine disaccharidases in skin diseases.
Arch Klin Exp Dermatol. 1968;233(2):184-90. German. .
- Braun W, Petter O, Wildfuhr G.
Acute acquired toxoplasmosis simulating pityriasis rubra pilaris.
Arch Klin Exp Dermatol. 1968;232(3):295-311. German. .
- Dupont A, Samain H, Reginster JP, Fernandez H.
Severe pityriasis rubra pilaris.
Bull Soc Fr Dermatol Syphiligr. 1968;75(1):39-41. French. .
- Privat Y, Thivolet J, Faye I, Bellossi A, Ancelle G.
Arsenical bullous toxidermia of pemphigoid type (discovery of an antibody fixed on the basal membrane by immunofluorescence method).
Bull Soc Med Afr Noire Lang Fr. 1968;13(1):195-6. French. .
- Duperrat B, Puissant A, Pringuet R, Lauret P.
Pityriasis rubra pilaris in erythrodermic form. Discussion of a tumor of the cheek.
Bull Soc Fr Dermatol Syphiligr. 1968;75(3):293-4. French. .
- Bergeron JR, Stone OJ.
Follicular occlusion triad in a follicular blocking disease (pityriasis rubra pilaris).
Dermatologica. 1968;136(5):362-7. .
- Banki Z.
Cortisone damage during the period of ossification.
Fortschr Geb Rontgenstr Nuklearmed. 1967 Dec;107(6):809-10. German. .
- Thiers H, Chanial G, Moulin G, Gharib C.
Pilar pityriasis rubra of subacute development.
Lyon Med. 1967 Nov 12;217(46):1191. French. .
- Bettley FR.
Royal society of medicine. Section of dermatology.
Br J Dermatol. 1967 Feb;79(2):115-6. .
- Grupper C.
Pityriasis rubra pilaris?
Bull Soc Fr Dermatol Syphiligr. 1967;74(2):164-5. French. .
- Faye I, Privat Y, Bellossi A, Pares Y, Camain R, Kirsche P.
Pityriasis rubra pilaris. Considerations on a case observed on black skin.
Bull Soc Med Afr Noire Lang Fr. 1967;12(3):488-9. French. .
- Brown J, Perry HO.
Pityriasis rubra pilaris. Treatment with folic acid antagonists.
Arch Dermatol. 1966 Nov;94(5):636-8. .

Pityriasis rubra pilaris – references and information sources

Anderson FE.

Pityriasis rubra pilaris treated with methotrexate.

Australas J Dermatol. 1966 Jun;8(3):183-5. .

Rainer R, Zelger J.

Contribution on the acute onset erythrodermal form of pityriasis rubra pilaris Devergie.

Hautarzt. 1966 Apr;17(4):181-3. German. .

Horacek J.

Disorders in the utilization of vitamin A and vitamin A deficiency in some dermatoses.

Dermatol Int. 1966 Jan-Mar;5(1):45-8. German. .

Pavlovskaja EA.

Treatment of lichen ruber with rivanol.

Vestn Dermatol Venerol. 1965 Dec;39(12):62-4. Russian. .

Cozza G.

Observations on 12 cases of pityriasis rubra pilaris.

G Ital Dermatol Minerva Dermatol. 1965 Nov-Dec;106(6):515-28. Italian. .

Waldorf DS, Hambrick GW Jr.

Vitamin A--responsive pityriasis rubra pilaris with myasthenia gravis.

Arch Dermatol. 1965 Oct;92(4):424-7. .

Watt TL, Jillson OF.

Pityriasis rubra pilaris. Penicillin and antituberculous drugs as possible therapeutic agents.

Arch Dermatol. 1965 Oct;92(4):428-30.

Dugois P, Colomb L, Amblard P.

Pityriasis rubra-pilaire. Seconde pousee chez un enfant de sans.

Bull Soc Fr Dermatol Syphiligr 1963; 70: 924-5.

1900 to 1959

Kierland RR Kulwin MH.

Pityriasis rubra pilaris: a clinical study.

Archs Dermatol 1950;61:925-30.

Leitner ZA Ford EB.

Vitamin A and pityriasis rubra pilaris; with a note about the genetics.

Br J Dermatol 1947;59:407-27.

Weiner, A. L.; Levin, A. A. :

Pityriasis rubra pilaris of familial type: experience in the therapy with carotene and vitamin A.

Arch. Derm. Syph. 1943, 48: 288-296.

Touraine A.

L'heredite dans la pityriasis rubra pilaris.

Ann Dermatol Syphiligr 1942; 2: 175-7.

Zeisler, E. P.

Pityriasis rubra pilaris--familial type.

Arch. Derm. Syph. 1923, 7: 195-208.

De Beurmann Bith Heuyer.

Pityriasis rubra pilaire familial.

Ann Dermatol syphilig 5th series 1910; 1:609-19.

1830 to 1899

Besnier E.

Observations pour servir a l'histoire clinique du pityriasis rubra pilaire (pityriasis pilaris de Devergie et de Richaud).

Ann Dermatol 2nd series 1889;10: 253-87, 398-427, 485-544.

Hutchinson J.

Lectures on Clinical Surgery, (Vol I On certain rare diseases of the skin.) 1st ed.

London: Churchill: 1879:241 et seq.

Devergie MGA..

Pityriasis rubra pilaris, maladie de peau non decrite par les dermatologists.

Gazette Hebdomadaire de Med. Paris: 1856;3:197-201

Tarral C.

Observation CXVIII. In Rayer P : 'Traite theorique et pratique des maladies de la peau',

Paris: Bailliere:1835: 2,158-9.

Pityriasis rubra pilaris – references and information sources

Textbooks

Bolognia, Jean and Joseph Jorizzo, Ronald Rapini
Dermatology
Elsevier, 2005

Griffiths, William A.D. et. al.
Disorders of Keratinization (section on Pityriasis rubra pilaris)
in Textbook of Dermatology (6th edition, volume 2) by Robert H. Champion et. al., 1998; pp. 1539–1545.

Gillum PS, Golitz LE.
Psoriasiform dermatitis.
In Barnhill R, Crowson AN, Busam K, Granter S ed's. Textbook of Dermatopathology. New York : McGraw-Hill Co, 1998.55-68.

Jorizzo, Joseph
Erythroderma
in Dermatological Signs of Internal Disease by Jeffrey P. Callen, et. al., 1988; pp. 84-88.

Toussaint S, Kamino H.
Noninfectious erythematous, papular, and squamous diseases.
In: Elder D, Elenitsas R, Jaworsky C, Johnson B, Ed's. Lever's Histopathology of the skin, 8th Ed'n, Philadelphia: Lippincott-Raven, 1997:pp. 151-184.

Weedon D.
The psoriasiform reaction pattern.
in Skin Pathology. Edinburgh: Churchill Livingstone,. 1997:pp. 65-82.

Zackheim, Herschel S.
Cutaneous T-Cell Lymphoma: Mycosis Fungoides and Sezary Syndrome
CRC Press, 2004

Cerroni, Lorenzo, Kevin Gatter and Helmut Kerl
An Illustrated Guide to Skin Lymphoma

Kempf, W. et.al. eds
Cutaneous Lymphomas: Unusual Cases

On-line information sources

Patient-to-patient care guide

Note: The information contained under patient care was written by individuals diagnosed with PRP. It emphasizes day-to-day care information needs based on the experience of PRP patients who are members of an on-line PRP support group. Any information and advice provided is a supplement to, and not a substitute for, care provided by physicians and certified medical care professionals.

INTRODUCTION

[Print Version](#)

Welcome to the PRP (Pityriasis Rubra Pilaris) Support Group.

You are here because you have either been recently diagnosed with PRP or someone you love and care about has received this diagnosis. We are here because we have experienced this disease first hand; and we want to lend support, reassurance and counsel to you.

Because PRP is a rare or "orphan" disease, it is difficult to gather information in one place, so we have attempted to remedy that problem by reviewing common questions and answers to help you and your loved ones cope with this new diagnosis.

Although these questions and answers were carefully researched using many medical sources, these are not intended to take the place of your dermatologist's or internist's advice and counsel. This information is based on researching medical publications. More importantly, it is also based on the everyday experiences of our Support Group members who have personally been dealing with PRP.

Wherever possible, medical terminology has been explained in parenthesis or non-technical language has been substituted for medical terms. We included some medical terminology so that you could be familiar with it as you will encounter it if you read any professional articles on PRP.

In addition to this information, always consult with your dermatologist and/or other physicians on matters relating to diagnosis and treatment of PRP. It is also suggested that you make a printed copy of this information for physicians, employers, family, friends, and anyone else who needs to be educated about PRP.

CONTENTS

- [DESCRIPTION OF PRP](#)
- [DIAGNOSIS](#)
- [MEDICATIONS and TREATMENT](#)
- [OTHER CONSIDERATIONS](#)
- [DAY-TO-DAY CARE and INFORMATION](#)
- [NOTE TO PHYSICIANS and HEALTH PROFESSIONALS](#)
- [IN CONCLUSION](#)

DESCRIPTION of PRP

WHAT IS PRP?

Pityriasis Rubra Pilaris (PRP) is a non-fatal rare skin disorder of unknown etiology (origin). It was first observed by the medical community in the 1800's. Its name is broken down into three parts and derives from their definition:

- pityriasis: characterized by fine, small husk-like scales;
- rubra: red;
- pilaris: pertaining to the hair follicle.

It is a chronic papulosquamous (eruption) disorder of both papules (small circumscribed superficial solid elevations of the skin) and scales (thin flaps of tissue).

It is characterized by reddish-orange scaling plaques and palmoplantar keratoderma (thickening of the palms and soles as a result of excessive keratin formation).

The disease may progress to involve erythroderma (intense and often widespread reddening of the skin from dilation of blood vessels) with distinct areas of uninvolved skin or "islands of sparing." Erythroderma is not a specific disease but a description of a visible symptom.

Most cases of PRP are sporadic (randomly occurring), however there is a familial form of the disease, inherited in an autosomal dominant (chromosome not involved in sex determination) form.

TYPES OF PRP

There are currently six classifications of PRP. It is important to your diagnosis and subsequent treatment to know which classification your disease represents. Your dermatologist should be able to inform you.

Type I: Classic Adult: This is the most common form of PRP, accounting for more than 50 percent of all PRP cases. Most patients are adults who are over 50 years of age. Onset is acute, and the features are classic, including erythroderma with islands of sparing, palmoplantar keratoderma and follicular hyperkeratosis. This type of PRP carries the best prognosis. It has been reported that about 80% of patients will have remission within two to four years.

Type II: Atypical Adult: This form accounts for about 5% of all cases of PRP. It is characterized by dry scaly lesions, areas of eczematous change (itching, swelling and scaling of the skin), alopecia (loss or thinning of hair) and long duration (often 20 years or more).

Type III: Classic Juvenile: This form accounts for about 10% of all cases of PRP. It is very similar to Type I. However, its onset is within the first 2 years of life. Remission can occur sooner than Type I, with an average of one year.

Type IV: Circumscribed Juvenile: This form accounts for about 25% of all cases of PRP. It occurs in pre-pubertal children and is characterized by sharply demarcated areas of follicular hyperkeratosis (thickening of the skin around the hair follicle) and erythema of the knees and elbows. The long-term outcome is unclear, with some reports of improvement in the late teens. This form of PRP rarely progresses.

Pityriasis rubra pilaris – references and information sources

Type V: Atypical Juvenile: This form accounts for about 5% of all cases of PRP. Most cases of familial PRP belong to this group. It has an early onset and runs a chronic course. It is characterized by prominent follicular hyperkeratosis, scleroderma-like (collagenous fibrosis) changes on the palms and soles and infrequent erythema.

Type VI: HIV-associated: These patients may have nodulocystic and pustular acneiform lesions. There have also been reports of the presence of elongated follicular plugs or lesions. Patients tend to be resistant to standard treatments but may respond to antiretroviral therapies.

WHAT CAUSES PRP?

The specific underlying cause of PRP is unknown. Researchers indicate that the condition may be hereditary or acquired. In many cases, PRP appears to occur randomly for no known reason (sporadically). However, in some affected individuals, evidence suggests that the disease may be inherited as an autosomal dominant trait. Human traits, including the classic genetic diseases, are the product of the interaction of two genes for that condition, one received from the father and one from the mother.

In dominant disorders, a single copy of the disease gene (received from either parent) will be expressed "dominating" the other normal gene and resulting in the appearance of the disease. The risk of transmitting the disorder from affected parent to offspring is 50 percent for each pregnancy regardless of the sex of the resulting child.

There may be a "trigger" factor involved in the appearance of PRP. Some theories suggest that a viral or bacterial infection; antibiotics; trauma to the body, such as major surgery or sun exposure; or emotional stress and trauma. Any or all of these factors may contribute to the appearance of the disease.

HOW RARE IS PRP?

The precise incidence of PRP is unknown, but it has been reported to occur with 1:3500 to 1:5000 patients presenting in dermatology clinics. This classifies it as a rare or "orphan" disease and it is listed among other orphan diseases at [NORD \(National Organization for Rare Disorders, Inc.\)](#).

PRP occurs equally among male and female patients and any race can be affected. The familial form of PRP typically begins in early childhood. The acquired form of PRP has an age distribution with peaks in the first and fifth decades of life but can also begin at any age.

IS THERE A CURE?

At the present time there is no known cure for PRP but there are treatments which will be discussed later on in this article. Since PRP is an "orphan" disease, there is not as much research being done into its cause and cure as there is in the more prevalent diseases among our population. However, some of the research into other papulosquamous diseases, such as psoriasis, have benefited those with PRP in finding successful treatments.

WHAT ARE THE SYMPTOMS OF PRP?

In the majority of cases, PRP begins on the upper part of the body and moves downward. PRP is initially characterized by skin lesions described as mildly itchy or burning, sharply pointed, horn-like, brownish-red to rosy yellow-colored papules. These papules usually occur on

Pityriasis rubra pilaris – references and information sources

the back of the wrists, the outside of the forearms, underarm folds, elbows, knees, backs of the hands, and fingers. When the papules grow together, they produce dry, scaly, rough, red plaques over large areas of the skin.

Gray, brittle nails and excessive oiliness of the glands on the scalp (seborrhea) and face may also occur. Loss or gradual thinning of hair is common. Often the edge of the eyelids are turned outward (ectropion).

Patients with PRP can have painful and disabling thickening of the skin on the palms of the hands and soles of the feet. There may also be nail dystrophy and shedding. Most of the morbidity associated with PRP, however, is associated with erythroderma (reddened skin). Erythroderma is a reaction pattern of the skin that can occur in the setting of several different skin disorders, most commonly including psoriasis, eczema, lymphoma, drug reactions, and PRP. It is characterized by generalized erythema and scaling, hair loss and loosening of separation of nails from their beds.

Shedding of skin (exfoliation) is continuous in most cases and can cause extreme itching and burning sensations.

Systemic symptoms of PRP may include malaise (feeling of being unwell or indisposed), fatigue, anorexia, fever and chills, inability to regulate body temperature. Patients with erythroderma illnesses may also develop lymphadenopathy (disease of the lymph nodes), hepatomegaly (enlarged liver), splenomegaly (enlarged spleen), electrolyte abnormalities due to increased fluid loss and possible cardiac failure in patients with pre-existing heart conditions.

DIAGNOSIS

WHO CAN BEST DIAGNOSE PRP AND HOW IS IT DIAGNOSED?

Most cases of PRP are either initially diagnosed by a dermatologist or referred to a dermatologist by a primary physician. Only a dermatologist is trained to diagnose this type of disease.

On initial examination, PRP is often mistaken for psoriasis or one of the other erythrodermal diseases. For that reason, skin biopsies should be taken and diagnosed by a competent pathologist with experience in diseases of the skin. Many dermatologists serve this function as well, or in conjunction, with a pathologist.

There are no specific lab tests to confirm the diagnosis of PRP.

Since dermatologists see so few cases of PRP, it is often best to go to a large teaching hospital, if possible, for a firm diagnosis.

AFTER DIAGNOSIS, WHAT SHOULD BE ANTICIPATED?

Your dermatologist should inform you of the type or classification of PRP you have (see Types of PRP) and your treatment options will be based on this classification. This specialist should fully explain the treatment options and help you make a decision as to which, if any, to choose. There are several treatment options but basically your dermatologist will either put you on one of two oral medications or take a "wait and see" attitude, again, depending on the type of PRP with which you present. Many patients with PRP do not choose to take medication and many of those have successfully cleared on their own.

WHAT ABOUT POSSIBLE MISDIAGNOSIS?

Misdiagnosis or delayed diagnosis is always possible with a rare skin disease such as PRP. Dermatologists classify many conditions under the general heading of erythroderma or exfoliative dermatitis. PRP is only one of these conditions while other conditions are different, distinct diseases requiring entirely different methods of treatment.

Some of the other diseases that come under this heading are psoriasis, seborrheic dermatitis, atopic dermatitis, PRP, contact dermatitis, photosensitive conditions, pemphigus foliaceus, mycosis fungoides, bullous pemphigoid and cutaneous t-cell lymphoma.

It is always wise to consider a second opinion whenever seeking a diagnosis to any disease, particularly a rare one, and most physicians should encourage that option.

WHAT SHOULD BE DONE FOLLOWING DIAGNOSIS?

The best thing you can do is find a physician/dermatologist that you trust and follow his/her advice. Do not hesitate to ask questions and explanations about any aspect of the treatment regimen or the disease itself.

Try to learn all that you can about your disease. This is why our PRP Support Group is here . . . to share our experiences with the disease and its diagnosis, and our methods of comfort and treatment during the course of the disease.

Please do not hesitate to email the group for advice or encouragement ... both are readily available and freely offered. Only through helping others do we best help ourselves.

MEDICATIONS and TREATMENT

ARE THERE ANY TREATMENTS?

There are medications used to treat PRP. The success of treatment outcomes vary from person to person. PRP appears to be a very individualistic disease when it comes to both symptoms and degree of involvement of the skin. Only upon examination can a dermatologist decide on the appropriate treatment for each individual.

Remember that some patients do not choose to take medication and many of them (primarily with Type I PRP) have successfully cleared on their own.

WHAT ARE COMMONLY PRESCRIBED MEDICATIONS?

There are different classifications of medications considered by physicians. Results have often been mixed. There are cautions associated with many of these medications. (With the lack of well-designed clinical research studies, patients should fully review and discuss these options with their physicians.)

Retinoids: These are oral medications which contain a synthetic form of Vitamin A (etretinate). These are the most commonly prescribed drugs used in the treatment of PRP. Examples include Soriatane and Accutane.

Pityriasis rubra pilaris – references and information sources

Immunosuppressive agents: Another oral agent is methotrexate (Folex, Rheumatrex). These are antimetabolite drugs that impact on cell reproduction.

Vitamins: An increased dosage of Vitamin A has been used by some. However, some consider oral retinoids to be more effective than oral Vitamin A.

Topical: Corticosteroids may provide some patient comfort but are believed to have little long-term if any effect on PRP.

A new classification of topical ointments called TIMS (topical immunomodulators, which work directly on the t-cells of the skin, have been shown to be effective in mild cases of PRP. Protopic Ointment is one of these drugs and there are new ones in development now. These were first developed for use in eczema and later shown to be effective in treatment of psoriasis and PRP.

Unlike steroid creams, there is no limitation on the length of time that they can be safely used.

Antihistamines: Prescription strength antihistamines can be a great relief from the itching that accompanies PRP. The severe itching often causes interruption of normal sleep or insomnia. Your doctor can work with you to come up with the best combination of antihistamines and perhaps a sleeping medication. Rest is critically important for PRP patients so don't hesitate to make your physician aware of anything that interrupts your sleep.

Antidepressants: Whenever one has a disabling and appearance-altering disease, depression is normal. Your lifestyle has been altered and you can no longer find the energy to do the things you once enjoyed or even work effectively. Antidepressants can help you cope. Talk with your physician about antidepressants and do remember that they often take 3 to 4 weeks to take effect.

ARE THERE CAUTIONS OR CONCERNS ABOUT MEDICATION?

There are cautions and concerns about all medications. Depending on the medication, it is imperative that your doctor prescribe frequent, usually monthly, lab tests. If you are taking a retinoid or immunosuppressant, your liver function and your cholesterol and triglyceride levels may change dramatically so these need to be carefully monitored.

Since many of these medications, as well as the disease itself, may cause you to shed large amounts of skin cells, you should be vigilant about staying well hydrated and also be concerned about the electrolyte levels in your blood.

Your physician can best determine which lab tests you should have and on what type of recurring schedule.

WHAT TREATMENTS SHOULD BE AVOIDED?

Some of the UV treatments that have been successful in psoriasis have shown no benefit for patients with PRP and might, in fact, make it worse. Long-term steroid use, both topically or orally, should be avoided as it only provides comfort measures but can result in very dangerous side effects.

Avoid all newspaper and television claims about "miracle" salves, creams or lotions. If they were that good, your dermatologist would be the first to know.

If you are taking a prescribed retinoid, do not take any additional vitamin supplements which contain Vitamin A. This is extremely important! You are already receiving a near toxic dose and additional Vitamin A could be very harmful.

OTHER CONSIDERATIONS

WHAT LIFESTYLE CHANGES SHOULD I CONSIDER WITH PRP?

Watch out for infections! This is one of the most crucial things to be concerned with. Many of the medications that are prescribed for PRP are either immunomodulators or immunosuppressants. These can make you far more vulnerable to serious life-threatening infections like cellulitis as they slow down the reaction of your immune system. In addition, the vast amounts of skin you are losing have compromised your first line of defense against infection...your skin. Should you see any redness or swelling or begin running an elevated temperature, seek medical help immediately.

Exposure to the sun should be avoided as the damaging UV rays of the sun can only irritate and worsen your PRP.

Avoid all alcoholic beverages! These are contraindicated if you are taking any of the retinoids and will be for a long period of time after you cease taking them. In the case of Soriatane, it is three months. This is because alcohol increases the effect of the retinoid and can cause serious liver damage.

Drink plenty of fluids! You are losing skin cells at an tremendous rate. This means that you are losing considerable body fluid as well. Ask your doctor if you should be drinking a mineral-enhanced bottled water but, whatever you do, be sure that you DRINK!

Get plenty of rest! Exhaustion is a common trait among PRP patients and it is often hard to explain to loved ones how a skin ailment can sap your strength. Just remember that your body is working overtime to produce skin cells at an enormous rate, plus the side effects from your medication factored in, can easily explain why you don't have the energy you once had. If your family cannot understand this, have your dermatologist or primary physician explain it to them.

Eat healthy! Your body is undergoing quite a bit of energy loss through both fluids and electrolytes. A well-balanced diet has never been more important.

Avoid stress! Your body is already stressed and, as in any disease that causes cosmetic changes, your emotions are also stressed. You have been told you have a rare disease and that is frightening as well. Use any relaxation techniques that work well for you...yoga, solitary meditation, music, reading or just take a nap every day. Should the stress seem to be making you depressed, talk to your doctor about antidepressants and let him decide if they are appropriate for your individual case.

Stay warm (or cool)! Your body temperature regulating system is being overworked by losing all those skin cells that are your insulation. You will suddenly be more aware of drafts and find yourself shivering when others are perspiring...and vice versa! Dress accordingly and take all the comfort measures you can. Wear long sleeves in the summer, keep a sweater in the car. You'll soon get used to finding ways to keep yourself comfortable.

WHAT DO I TELL FAMILY AND FRIENDS?

This is often a difficult disease to explain to people because it would be very rare for anyone in your circle of friends and family to have ever heard of PRP. And most people look upon a "rash" as a minor inconvenience. Yours represents a major and debilitating disease.

Pityriasis rubra pilaris – references and information sources

You must decide what to tell each individual in your circle, based upon how much they need to know and how much they can understand. If you have small children, you need to tell them that you have a disease of the skin and you may not feel like playing with them all the time because you tire easily...tell them that you need some "quiet time" each day and see if you can get them to join you in a nap or quietly read a book. It's very hard for children to understand this change in you but they are amazingly adaptable creatures and most will find satisfaction in doing small chores to help relieve your burden and help them feel more "grownup."

When telling adults or employers, be candid and tell them that it is a rare disease but it is NOT contagious and that you are undergoing treatment and hope to return to your full health soon. But for now, you may need to cut back your activities, even change your working habits or hours, to suit your level of energy.

DISABILITY AND EMPLOYMENT CONCERNS

This is a serious matter that you must take up with your employer. He must understand your limitations and it may require a letter from your physician to convince him of your need for a lighter workload.

If you find that you cannot continue in the type of work you do, check into Social Security Disability Insurance and your employer's disability plan, if you have chosen that option. There will be many forms to fill out but physicians are familiar with them and can do that for you. You may even want to find legal help in the form of a lawyer who specializes in disability claims.

WHY DON'T DOCTORS KNOW MORE ABOUT PRP?

As we noted earlier, this is a very rare condition and this means some dermatologists will never even see a case of PRP during their careers. Because of this, little research is being done on it.

Unfortunately, drug companies have to put their research dollars into diseases that affect a large number of the population or they will not be able to redeem their investment.

But medicine is a constantly changing science and not all therapies are clearly established. New research changes drug and treatment therapies daily and that is to our benefit as often a drug for some other, more common, form of skin disease will show beneficial results in treating PRP.

DAY-TO-DAY CARE and INFORMATION

SKIN

There are many comfort measures and cosmetic measures you can take to help your skin during this time when it's under siege by PRP. Moisturizers are the first line of defense and comfort. Cream moisturizers work best as they can be used twice a day with good results. Lotions need to be applied more often. Some moisturizers contain ingredients to relieve itching and your druggist can help you find just the right one for you. Many dermatologists recommend Cetaphil cream, which can be purchased at places like WalMart. Avoid "perfumed" lotions as they often contain alcohol which has a drying effect.

Again...good fluid intake can help with your skin care. Take lukewarm to cool showers to prevent further drying and avoid long soaks in the tub...they may feel good at the time but they will dry out your skin.

INFECTIONS

Infections, specifically of the skin, are common with PRP because your skin is your first line of defense against germs. The peeling and inflammation leave microscopic cracks in the skin that allow in infection. Your immune system, if you are taking any of the immunosuppressant drugs, no longer has the ability to fight off serious infections, like cellulitis, on its own. At any sign of redness, pain, swelling or fever, contact your doctor immediately or go to your nearest Emergency Clinic.

If you have pierced ears, you may want to take the safe route and not wear earrings during this time or switch to clip-ons. Also be wary of potentially infective chores like cleaning the cat's litter box or cleaning the bathroom toilet. Wear gloves if you must tackle these chores and wash hands frequently.

EYE CARE

Both PRP and many of the medications to treat it can cause severe dryness of the eyes. It's more important than ever to see your ophthalmologist and inform him of your disease and its treatment. Most likely, he will never have had a patient with PRP but he can check your eyes for any side effects like severe dryness and inflammation and vision changes and prescribe accordingly.

EAR CARE

Buildup of shedding skin in the ears is a common problem, along with itching. Sometimes, hearing loss can occur with blockage from the buildup of skin. Do NOT use Q-tip-like swabs of any kind to clean your ears. There are many safe and appropriate ear washes on the market and they come with safe applicators. If those don't work, a trip to an Ear Nose Throat specialist should be your next step.

FOOT CARE

PRP causes thickening of the nails and it may become difficult for you to adequately manage trimming them yourself. Do avoid ingrown nails or trimming too close because of the risk of infection (cellulitis).

Thickening of the soles of the feet is common and can be very painful. Wear the most comfortable footwear you can find...even if it means bedroom slippers! Keep feet warm and dry at all times. Do not go barefoot and risk infection! Wear white and not colored socks. Apply creams and lotions liberally and use foot soaks to relieve discomfort and help slough off excess skin cells and calluses.

HAIR

PRP can cause thinning of all the hair anywhere on the body. This is both appearance altering and depressing. In addition some medications, such as retinoids and immunosuppressives, can cause hair loss to one degree or another. It differs with each individual. Some only have mild thinning; some lose all their hair, including eyelashes and eyebrows. Just remember, our collective experience suggests that it will grow back!

Keep your hair clean and, if you lose a large amount, look into the possibility of purchasing a wig for those times when you must go out in public. Wigs can be found online in almost every style and color and the prices are very reasonable... anywhere from US\$29 to US\$79 for a washable fully styled wig.

NAIL CARE

You may find that your nails have a tendency to split and shred and feel weak and thin, both because of PRP and the medications you may be taking. Keep your nails trimmed close to the tips of your fingers ... once they grow beyond, they are more vulnerable to damage from doing everyday chores.

Find a good nail hardening polish like Sally Hanson's Hard As Nails. Use it often to help prevent further damage. Do NOT use artificial nails at this time in your life, even though the temptation is great. You would be very vulnerable to infection from the type of grinding and treatments necessary to have artificial nails.

EMOTIONAL CONCERNS

There are so many to cover under this heading. Our emotional health is every bit as important as our physical well-being and you cannot separate the two. When you are dealing with any disease, it is difficult to be your natural optimistic self, but when you are dealing with an appearance-altering and physically debilitating disease like PRP, it's many times more difficult.

Find your support system...it may already be in place. Talk with the friends and family members you can trust to best understand your ordeal. Watch for signs and symptoms of depression and have others watch for them also. Seek counsel from your doctor about medications if the feelings of depression cannot be shaken off and become a burden to you.

Always remember that you are not alone. There are many of us out here with PRP and we are all going through the same experiences that you are. Joining this support group and sharing the pain and the problems is of utmost importance. Only someone who has walked in your shoes, can understand how you feel.

SWEATING

You may suddenly notice that you are not perspiring anymore, even in hot weather! This is a symptom that many PRPers experience and the cause is not certain but is probably tied into the fact that you are already losing much of your body's moisture because of the shedding of your skin. Perspiration keeps the body's temperature regulated and so not perspiring can make you less heat tolerant. And the amount of skin and "insulation" you've lost can make you less tolerant to cold.

With the loss of sweating, please use appropriate caution if you exercise or if the air temperature is very warm.

BODY TEMPERATURE CONTROLS

As stated above, this is a difficult balancing act with PRP. Most PRPers complain of cold. Many cannot tolerate air conditioning in stores and theaters and even develop chills when exposed to it. Dress accordingly and always have an extra sweater or jacket with you and keep a blanket in the car. Even on a hot summers day when the rest of your family is enjoying the a/c in the car, you may find yourself wrapped in a blanket!

ITCHING

Did you ever think of itching as being anything more than a nuisance occasionally? And now you find it quite painful? This is a common symptom of PRP. The best relief can be found in antihistamines, antidepressants, and creams and lotions that contain camphor or other ingredients to soothe the itch. Avoid scratching! It can lead to infection! Avoid long soaks in the tub! They can dry your skin! Warm to cool showers and lavish amounts of creams and lotions, along with whatever medications your doctor prescribes, are the best relief.

PEELING

You may find yourself (or your helpmate) permanently attached to the vacuum cleaner! Some PRPers literally leave a trail of dead skin flakes wherever they go. This is not the time to wear that little black dress or that charcoal gray suit! Peeling can be an embarrassment but do remember that the peeling is helping you shed those plaques that make up PRP and it is helping you grow new, hopefully clear, skin.

DIET

Eat healthy! No dieting for now because your body needs nutrients to replenish those that you are losing through your skin. Go heavy on the vegetables and fruits and fresh foods. Avoid salty items like potato chips which can cause edema and have no nutritional value. Eat plenty of lean meat to be sure you are getting adequate amounts of protein. If you feel you need professional help and advice about nutrition, consider visiting a nutritionist. But do take along information about PRP because chances are slim to nothing that he/she will have ever heard of this disease. You might even want to print out the information in this article and mail it to both the nutritionist and your other physicians, like eye and ENT, before your next visit.

SUN AND UV EXPOSURE

Avoid the sun at all costs. The ultraviolet rays of the sun are damaging to healthy skin. Just imagine what they can do to your already reddened and thin PRP skin. Wear long sleeves if you must be outside for any length of time. Some travel catalogues even carry shirts and pants that have UV protection if you have to spend extended time outdoors. Wear a hat! If driving in the car, be sure that you have something to cover up with if the sun's rays are hitting your skin.

Always remember, if you can see the sun, the sun can see you!

CHILDREN

Children with PRP are a special concern where special needs are often misunderstood. Their peers cannot be expected to understand the significance of their disease and their parents often need help with the pain they feel watching their child go through the trauma of this disease and its various treatments.

Pityriasis rubra pilaris – references and information sources

The first line of defense is a good pediatrician who, hopefully, has knowledge of PRP. He and your child's dermatologist can work together to best work out a treatment regimen for your child and help you deal with the problems inherent to both the disease and the treatments.

There are members of the PRP Support Group who have small children with PRP. Do let us know your situation and we feel certain that someone with similar problems will be in touch with you.

TO PHYSICIANS and HEALTH PROFESSIONALS

With early PRP symptoms many patients are commonly misdiagnosed leading to possible inappropriate or useless treatments. This can be confusing and frightening for many. We have seen and heard from many PRP Support Group members about these concerns. Please do not neglect or underestimate the emotional toll of these circumstances and these symptoms.

Further, we strongly encourage that a PRP diagnosis be independently confirmed when possible. Other serious conditions mistakenly diagnosed as PRP have included Sezarys syndrome and Cutaneous T-cell lymphoma.

A comprehensive PRP bibliography is now available for your use on our Support Group web page at www.prp-support.org

Physicians and health professionals are also invited to benefit from the collective wisdom of our Support Group. Your questions and comments will be useful to our effort. Further, we encourage those who are interested to conduct needed basic and clinical research regarding the cause of and improved treatments for PRP.

IN CONCLUSION

Please keep in mind that this article is not intended, in any way, to replace the wisdom and advice of your physicians. It is merely an attempt to present an overview of PRP and to answer some of the most frequently asked questions about this rare disease that you have suddenly been confronted with.

You are not alone. We have all shared your symptoms to greater or lesser degree and are here to support and guide you.

We hope this information has helped to answer some of your questions and concerns, and we welcome YOUR comments and suggestions for additional topics we may have neglected to address. Please send your comments and suggestions to feedback@prp-support.org.

• • • • •

Revised January 5, 2005

* * * * *