



# Dermatoses of pregnancy

Understanding, managing gestational risks

By Jane Schwanke  
Staff Correspondent

**Providence, R.I.** — Some skin conditions can create serious risks to pregnant women and fetuses, so one expert in the field of dermatoses of pregnancy offers vital information for dermatologists about some mild and major skin problems.

During gestation, a woman's body undergoes profound endocrine and metabolic changes. These changes can result in numerous physiological skin alterations, including pigmentary and vascular, as well as mucosal, hair, nail and glandular changes, according to George Kroumpouzos, M.D., Ph.D., F.A.A.D., clinical assistant professor of dermatology, Brown Medical School, Providence, R.I.

While many of these changes are not associated with any risks for the mother or fetus and are expected to resolve postpartum, others can pose serious maternal and fetal risks, he says.

"It's important that the dermatologist advise the pregnant female about the possible risks for her and her fetus," Dr. Kroumpouzos says.

"With quick recognition and correct classification of skin problems, the risks are minimal when the dermatoses are treated promptly," he says.

Dermatologists should be particularly attuned to a number of skin con-

**"Skin diseases ... are more likely to worsen than remit during pregnancy."**

George Kroumpouzos, M.D., Ph.D., F.A.A.D.  
Brown Medical School  
Providence, R.I.

ditions in pregnant patients. These are categorized into:

- Physiologic skin changes in pregnancy (which do not require treatment);
- Pre-existing skin diseases and tumors affected by pregnancy;
- Pruritus in pregnancy (often secondary to intrahepatic cholestasis of pregnancy);
- Specific dermatoses of pregnancy, including PUPPP (pruritic urticarial papules and plaques of pregnancy), herpes (pemphigoid) gestationis, pruritic folliculitis of pregnancy and prurigo of pregnancy.

## Immunosuppression

Pregnant females often develop a flare of certain inflammatory dermatoses as a result of high estrogen levels and endocrine changes during gestation, Dr. Kroumpouzos says.

"Also, pregnancy induces a state of immunosuppression, so pregnant females may develop infectious diseases more easily, such as warts, fungal infections and candida vaginitis.

"In addition, skin diseases such as acne, eczema and systemic lupus are more likely to worsen than remit during pregnancy," he says.

## Cholestasis

A more serious pruritic condition and one that should not be overlooked by

the dermatologist is intrahepatic cholestasis of pregnancy. This pregnancy-induced liver disorder is associated with fetal risks.

Cholestasis can be ruled out by ordering postprandial levels of bile salts, which are elevated in cholestasis.

If a pregnant woman is diagnosed with cholestasis, fetal monitoring is mandatory, Dr. Kroumpouzos says, and the obstetrician needs to be consulted about intensive fetal monitoring until delivery.

"The pregnant woman should be counseled about the nature of her skin condition, possible maternal or fetal risks associated with it, and management options," he says.

"She also needs to be advised about the chances of recurrence of the dermatosis in future pregnancies," Dr. Kroumpouzos says.

## Treatment

When treatment is required for skin dermatoses in pregnant females, dermatologists should avoid oral medications that are potentially teratogenic, such as isotretinoin, acitretin and thalidomide.

"Short courses of prednisone and ultraviolet light B are excellent options for severe pruritus and are considered safe during gestation," Dr. Kroumpouzos says.

High-dose prednisone is typically required for the treatment of herpes (pemphigoid) gestationis and impetigo herpeticiformis (pustular psoriasis

**Pregnancy** see page 55

### quick read

While most skin problems that may occur during pregnancy are harmless, some can pose risks for the mother and fetus.

**360° Network**  
SEE INDEX PAGE 11

**CLINICAL**  
For more info on this topic, see [www.dermatologytimes.com/360](http://www.dermatologytimes.com/360)

- N** NEWS & UPDATES
- E** EDUCATION
- A** AUDIO
- C** COMMUNITY
- T** TOOLS

Dr. Kroumpouzos





## Pregnancy from page 44

of pregnancy), according to Dr. Kroumpouzou.

“Mid-potency topical steroids can be used with no risks for the fetus,” he adds, “and systemic antihistamines, such as diphenhydramine, are often required for symptomatic control, and are also considered safe during gestation.”

In addition, certain topical medications, such as tretinoin, seem to be less dangerous for the fetus than previously thought.

While tretinoin has caused fetal malformations in rare cases, recent meta-analyses show no adverse effects on the fetus. Still, some experts suggest not using tretinoin during the first trimester, Dr. Kroumpouzou says.

## Research

Many research groups continue to study dermatoses in preg-



A female patient is shown with typical lesions along the abdominal striae in pruritic urticarial papules and plaques of pregnancy (PUPPP). (Photo: George Kroumpouzou, M.D., Ph.D., F.A.A.D.)

nancy. Some recent studies have looked at new eczema that may be more common in pregnancy, and other studies have shown the benefits of ursodeoxycholic acid as a first-line treatment for intrahepatic cholestasis of preg-

nancy. Ursodeoxycholic acid was shown to decrease the fetal risks associated with cholestasis.

Several studies have elucidated the genetic aspects of this disease.

In the future, a better under-

standing and prompt treatment of pregnancy dermatoses will decrease the fetal risks associated with these skin problems, including intrahepatic cholestasis of pregnancy and herpes gestationis, Dr. Kroumpouzou says.

“We expect to see more data that will shed light into the pathogenesis of certain specific dermatoses of pregnancy, such as pruritic folliculitis of pregnancy and prurigo of pregnancy,” he says.

“Protocols of fetal surveillance will help minimize the fetal risks associated with intrahepatic cholestasis of pregnancy.

“Overall, faster diagnosis and correct classification of the skin problems in pregnant women will result in more effective treatment and better outcomes,” Dr. Kroumpouzou says. **DT**