



PATIENT INFORMATION LEAFLET

POLYMORPHIC ERUPTION OF PREGNANCY (PEP)

The aims of this leaflet

This leaflet is designed to tell you more about Polymorphic eruption of pregnancy (PEP). It tells you what the condition is, what causes it, what can be done about it and where to find out more about it.

What is Polymorphic eruption of pregnancy?

Polymorphic eruption of pregnancy is a relatively common skin disorder that occurs in women of childbearing age. It usually presents in women during their first pregnancy. Recurrence in subsequent pregnancies is unusual and milder.

It is characterised by an itchy rash that commonly begins on the abdomen, particularly within stretch marks (striae). It most usually develops during late pregnancy (third trimester) but can also start immediately after the baby is born.

It was previously known as PUPPP (pruritic urticarial papules and plaques of pregnancy) but this name has been abandoned as it caused confusion.

What causes Polymorphic eruption of pregnancy?

The cause of PEP is unknown. It occurs more commonly with multiple pregnancy (twins or triplets). Previous studies have suggested a link with increased maternal weight gain during pregnancy, increased birthweight, sex hormones and the sex of the baby but none of these have been proven.

Does Polymorphic eruption of pregnancy run in families?

No

What are the symptoms of PEP and what does it look like?

Itching is common and often starts on the abdomen often sparing the umbilicus (belly button) during late pregnancy (3rd trimester). If stretch marks

(striae) are present the itching may start within them. Itching may then be followed by a rash with wheals (like hives from nettles), small raised lumps in the skin (papules) and large red inflamed areas of skin (plaques). It commonly spreads on the trunk, lower abdomen, under the breasts and limbs. The face, scalp and mucous membranes (mouth and genital area) are hardly ever affected. Small blisters are sometimes present and if these are scratched then straw-coloured fluid may leak out and cause crusts to form.

How will Polymorphic eruption of pregnancy be diagnosed?

Diagnosis is usually based on the typical appearance and distribution of the rash. If the appearance is not typical your dermatologist may take a sample of skin and a blood test to help in making the diagnosis.

Can Polymorphic eruption of pregnancy be cured?

In most cases this condition is self-limiting and will disappear towards the end of pregnancy or immediately following delivery. It can be suppressed with treatment. In most cases symptoms resolve days or weeks after giving birth.

How can Polymorphic eruption of pregnancy be treated?

The primary aim of treatment is to relieve itching and to reduce inflammation and redness in the skin. It is also important during pregnancy to use treatments that are entirely safe for both mother and baby.

Topical steroid creams can be used in mild cases if only a limited area of skin is affected. Even if the rash is quite extensive a trial of a strong steroid cream may be worthwhile before steroid tablets are given, as creams are much less likely to cause side effects. The majority of cases will respond to topical treatment, and the disease is self-limiting.

Emollient creams or ointments can also be applied to reduce itching and soothe sore areas. Bath emollients and soap substitutes are also helpful in many cases.

Oral antihistamines (only those suitable for use during pregnancy) can be used to relieve itching.

Treatment with high doses of steroid tablets may be required for more severe disease. Alternatively early elective induction of labour can be considered, depending on maternal and foetal health. This needs careful monitoring and should involve the obstetricians as well. The dose of steroid tablets can usually be reduced quickly (within 3-5 days) after delivery once the skin lesions disappear.

Will the baby be affected?

No. There have been no reports of the baby being affected.

Is normal delivery possible?

Yes. Caesarean section is not recommended for this condition.

Are the treatments safe for the baby and mother?

Mild to moderately potent topical steroids appear to be safe during pregnancy and can be used. With oral steroids there is an increased risk in the mother of developing diabetes (raised sugar levels) and hypertension (raised blood pressure) but as already indicated the duration of oral steroid therapy is very short. Careful observation of blood pressure and urine checks are therefore essential at antenatal clinic, while ultrasound scans can look for any untoward changes in the baby's growth.

Can women with Polymorphic eruption of pregnancy still breastfeed?

Yes. Breastfeeding does not appear to affect PEP and it is safe to breast feed your baby if you are taking steroid tablets as negligible amounts of steroid get into breast milk.

Is any special monitoring required?

Yes, regular review at an antenatal clinic is important to monitor foetal size. Maternal blood tests, urine tests, blood pressure checks and ultrasound scans are all extremely important to monitor the mother and baby's wellbeing.

Where can I get more information about Polymorphic eruption of pregnancy?

Web links to detailed leaflets

www.dermnetnz.org/reactions/puppp.html
www.emedicine.com/derm/topic351.htm

(While every effort has been made to ensure that the information given in this leaflet is accurate, not every treatment will be suitable or effective for every person. Your own doctor will be able to advise in greater detail.)

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