



POLYMORPHIC ERUPTION OF PREGNANCY

What are 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 can occur in women during pregnancy. It usually presents within a woman's first pregnancy. 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 present immediately after the baby is born.

It was previously known as PUPPP (pruritic and urticarial papules and plaques of pregnancy).

What causes PEP?

The cause of PEP is unknown. It is thought to occur due to the stretching of the skin on the abdomen and due to the hormonal changes within pregnancy. 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 and sex hormones, but these are not proven.

Does PEP 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 occasionally present and if these are scratched then straw-coloured fluid may leak out and cause crusts to form.

It is important to seek advice from your dermatologist if you develop numerous blisters as PEP can resemble an early form of another skin condition in pregnancy called Pemphigoid gestationis. This condition may require different treatment and monitoring for you and the baby.

How will PEP be diagnosed?

Diagnosis is usually made by a dermatologist or another doctor based on the typical appearance and distribution of the rash. However, if the appearance is not typical your dermatologist may take a skin biopsy (sample of skin under local anaesthetic) and a blood test to help make the diagnosis and rule out other causes of the rash.

Can PEP be cured?

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

How can PEP be treated?

The primary aim of treatment is to relieve itching and to reduce inflammation and redness in the skin.

Soothing agents can help to relieve itching and soreness. These include cool baths, wet soaks and wearing cotton clothes. Bath emollients and soap substitutes followed by emollient creams or ointments will help to moisturise the skin. Menthol in aqueous cream can be particularly helpful.

CAUTION: This leaflet mentions 'emollients' (moisturisers). Emollients, creams, lotions and ointments contain oils which can catch fire. When emollient products get in contact with dressings, clothing, bed linen or hair, there is a danger that a naked flame or cigarette smoking could cause these to catch fire. To reduce the fire risk, patients using skincare or haircare products are advised to be very careful near naked flames to reduce the risk of clothing, hair or bedding catching fire. In particular smoking cigarettes should be avoided and being near people who are smoking or using naked flames, especially in bed. Candles may also risk fire. It is advisable to wash clothing daily which is in contact with emollients and bed linen regularly.

Topical steroid creams or ointments are often prescribed to reduce the inflammation in the skin and are safe to use during pregnancy.

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

Rarely, if the condition is very severe, a short course of steroids by mouth may be prescribed.

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 required.

Can women with PEP still breastfeed?

Yes. Breastfeeding does not appear to affect PEP. It is safe to breast feed your baby even if you are taking steroid tablets as only a tiny amount of steroid gets into breast milk.

Is any special monitoring required?

No, but regular attendance at the antenatal clinic is important. It is recommended that your midwife and/or obstetrician is informed of this diagnosis.

Will PEP reoccur?

The condition tends not to reoccur, except in multiple pregnancies.

Where can I get more information about PEP?

Web links to detailed leaflets:

www.dermnetnz.org/reactions/puppp.html (includes photographs)

For details of source materials used please contact the Clinical Standards Unit (clinicalstandards@bad.org.uk).

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

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