DERMATOLOGIC CONDITIONS IN PREGNANCY

Pregnancy can have many dermatologic conditions associated with it. Skin changes take place as a normal part of pregnancy. Dermatologic conditions may undergo changes with pregnancy. Finally, there are some dermatologic conditions that are specific to pregnancy. We will review a few of these here.

SKIN CHANGES OF PREGNANCY

HYPERPIGMENTATION

Hyperpigmentation may occur during pregnancy. This is a darkening of the skin in certain areas. This is seen in as many as 90% of pregnant women. Women with dark complexions are most likely to have this problem in pregnancy. Areas that often become darker include the nipples, navel, and genital areas. Sometimes a dark line spreads from the navel to the top of the pubic bone--this is known as linea nigra. Another common condition is known as melasma or chloasma of pregnancy (often called the mask of pregnancy). This is hyperpigmentation of the face. About 50% of pregnancies experience some degree of melasma. The majority of these conditions regress after delivery, but approximately 30% of people have some form of persistent chloasma.

MOLES

Women who have moles (also known as nevi) often notice a change in their appearance during pregnancy. Often moles darken and change in size during pregnancy. Additionally, new moles may appear during this time. Although moles change during pregnancy, there is no increased risk of melanoma (cancer of the skin often originating in a mole) with pregnancy.

HAIR CHANGES

Several changes in hair growth are noticed during pregnancy. These include a mild degree of hirsutism (excess hair growth) which often appears on the face. Woman who have heavy, course hair are more prone to excess hair growth during pregnancy.

Additionally, the proportion of hair in the different phases of growth varies with pregnancy. During pregnancy, a large percentage of hair is in the anagen phase, the growth phase of hair. In the postpartum period a greater proportion of hair is in the telogen phase, the elimination phase of the hair. Therefore, 3 to 4 months postpartum many women notice significant hair loss. This usually reverses itself by about 6 months postpartum.

Striae

Striae are changes in the skin that many women notice late in pregnancy. They are seen in up to 90% of women. Striae appear as thin bands on the skin and often have a purple appearance. They are often seen on the breasts, abdomen, and thighs. They are thought to be the result of the skin stretching with pregnancy, as well as an estrogen effect. These changes in the skin are often permanent, but the discoloration often fades.

Blood Vessels

Due to the effect of estrogen on small blood vessels in your skin, many women will notice spider angiomas during pregnancy. These are small red lesions of the skin that blanch when they are pressed on. The majority of these lesions will regress after your pregnancy is over.

Palmar erythema is commonly seen during pregnancy. This is redness of the palms that is often seen as early as the first trimester and is thought to be due to increased blood flow with pregnancy.

Dental Problems

Several problems of the gums are seen with pregnancy. These include gingivitis, which is caused by the growth of gum capillaries and gum swelling. This is known as epulis of pregnancy. In addition, you may develop pyogenic granuloma of pregnancy. This often appears as a mass on the gingiva. It is thought to be a response to tissue trauma. Often these lesions regress after delivery, but some must be surgically removed.

Dermatologic Conditions and Pregnancy

Erythema Nodosum

Erythema nodosum is a fairly rare skin condition. It is often seen in young women and typically involves an inflammatory nodule on the lower extremities with associated redness. It is thought to be an autoimmune disorder meaning it is caused by a body's immune response to itself. It is often associated with other conditions such as use of certain drugs or pregnancy. The nodules usually progress to bruises over time and eventually completely heal in 3 to 6 weeks. Skin biopsy with pathologic diagnosis is necessary to make a definitive diagnosis of erythema nodosum. No adverse effects on pregnancy have been noted.

Acne

Acne is a common disorder seen in young women of childbearing age. Many women notice an improvement in their acne with pregnancy. Of particular importance in pregnancy, is the type of medical treatment that has been used to treat the acne prior to pregnancy. The most common treatment of acne is Accutane (also known as isotretinoin) which is known to cause severe congenital anomalies. Women taking Accutane are required to use a reliable form of contraception while on Accutane because of this risk.

Dermatologic Conditions Specific to Pregnancy

PUPPS (Pruritic Urticarial Papules and Plaques of Pregnancy)

PUPPS is a common dermatologic condition seen in pregnancy. Its incidence has been estimated at approximately 1 in 200 women. Its cause is currently unknown. It is usually seen in the third trimester (often after 36 weeks) and most commonly occurs on the abdomen with spread to the thighs and extremities. The face is almost always spared in this disease process. Usually severe itching accompanies the lesions. The itching often resolves rapidly after delivery, usually completely resolving within a few weeks. Most of the time this disease is noticed in first pregnancies. It rarely recurs with subsequent pregnancies.

The treatment for PUPPS involves medications to help with itching such as Benadryl. Topical steroids may be helpful for controlling the itching. Your physician may give you oral steroids if the topical steroids do not appear to be helping.

There has been no evidence to suggest that PUPPS causes any adverse events to occur in a pregnancy, and it is not known to cause any fetal harm.

Herpes Gestationis

Herpes gestationis, also known as pemphigoid, is a skin disease of autoimmune origin. A woman typically has symptoms similar to PUPPS with abdominal and lower extremity lesions that itch intensely. With time, however, these lesions change and become associated with large fluid-filled masses (bullae). Fifty percent of patients initially develop lesions around their navel.

The onset of herpes gestationis is usually the second or third trimester. It has been noted to recur with subsequent pregnancies, and often is more severe with subsequent pregnancies. Definitive diagnosis of herpes gestationis is made by biopsy.

The treatment for herpes gestationis initially involves controlling the intense itching. This is done with topical steroids and antihistamines such as Benadryl. Many women require an oral course of steroids as well.

This disorder has not been shown to have adverse outcomes for the mother during pregnancy. Fetal outcomes have been variable, however, and there are some studies that have shown an increased risk of fetal growth restriction and prematurity.

Prurigo Gestationis

Prurigo gestationis is also known as papular dermatitis. This disorder is notable for small bumps that cause itching on the extremities. It occurs in about 1 in 100 pregnancies. These lesions usually occur in the second half of pregnancy and resolve after delivery. The condition does not have any associated maternal or fetal consequences. This disorder often responds to calamine lotion, and oral agents such as Benadryl or other antihistamines.

Impetigo Herpetiformis

Impetigo herpetiformis is a rare skin disorder that has been reported in less than 100 pregnancies. It is often seen late in pregnancy. Some people think this is a form of psoriasis. The most common feature of impetigo herpetiformis is sterile pustules around a margin of erythema. Often mild itching is noted. Many women have symptoms such as nausea, vomiting, fever, etc. The pustules may become infected and sepsis can be of concern in some patients. Treatment is with steroids and antibiotics.

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Date Published: 2000-09-21

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