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 occurs in women of childbearing age. It usually presents in women during their first pregnancy. Recurrence in subsequent pregnancies is unusual (less than 7% of cases) 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 and urticarial papules and plaques of pregnancy).

What causes PEP?

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 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 (3rdtrimester). 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 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 sample of skin and a blood test to help in making 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 days or 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.

It is important to know that it is a benign, self-limiting condition with no risk to the unborn baby.

Direct 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 can also be applied.

Topical steroid creams are often prescribed and are safe to use during pregnancy.

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

Rarely, if the condition is very severe, steroids by mouth may be prescribed after discussion with the obstetrician.

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.

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 get into breast milk.

Is any special monitoring required?

No, but regular attendance at the antenatal clinic is important.

Where can I get more information about PEP?

Web links to detailed leaflets:
www.dermnetnz.org/reactions/puppp.html (includes photographs)