

# A recurrent springtime eruption

STEVEN KOSSARD FACD

A 52-year-old man presents with recurrent, itchy, red papules and vesicles after sun exposure. What are these lesions and how would you treat them?

A 52-year-old man gave a six-year history of recurrent, itchy, red papules and vesicles which developed each spring after sun exposure. The eruption was concentrated over the sun-exposed sites on his face, sides of the neck (Figure 1), upper trunk and forearms. The lesions appeared after several hours of sun exposure and would settle after several weeks. Skin biopsy showed marked subepidermal oedema with perivascular lymphocytic inflammation in the upper and mid dermis (Figure 2).

## Differential diagnosis

The differential diagnosis of a sun-sensitive skin eruption includes the following:

- **Phototoxic reactions** may be induced by oral or topical medications, chemicals and plants. Such reactions appear as an exaggerated sunburn and not as a papular eruption.
- **Chronic actinic dermatitis and photoallergic reactions** appear as a dermatitis and are associated with a diffuse erythema with scaling, vesiculation and itching. Oral and topical medications, chemicals and plants may be sensitisers in photoallergic reactions, but in chronic actinic dermatitis no precipitating trigger may be found.
- **Solar urticaria** appears as pruritic urticarial papules, plaques and wheals that are induced by short exposure to the sun. Individual lesions resolve within an hour. Skin biopsy shows scant lymphocytic

dermal inflammation with eosinophils.

- **Lupus erythematosus** may appear as an acute papular eruption in sun-exposed sites and is often associated with a butterfly rash over the cheeks. Associated symptoms of fatigue, arthralgia and headaches may be present. Skin biopsy shows vacuolar degeneration of the junctional zone of the epidermis and lymphocytic inflammation. Antinuclear antibodies should be checked.
- **Polymorphous light eruption** is the correct diagnosis. It occurs more frequently in young women. The cause remains unknown, but the process occurs when there is a sudden increase in sunlight exposure in sensitive individuals. Patients may react to long wavelength UV through window glass and in solaria. The papules appear within hours to days of sun exposure and take days to several weeks to settle. Treatments include graduated exposure to artificial UV sources, broad-spectrum sunscreens and, in severe cases, oral corticosteroids, antimalarials or azathioprine (Azamun, Imuran, Thioprine).

## Keypoint

Polymorphous light eruption is an unusual sun sensitivity associated with self-limited, red, itchy papules and vesicles in exposed skin which appear each spring and can often be diagnosed with a clinical history. MT



Figure 1. Papules and vesicles on the patient's sun-exposed neck.

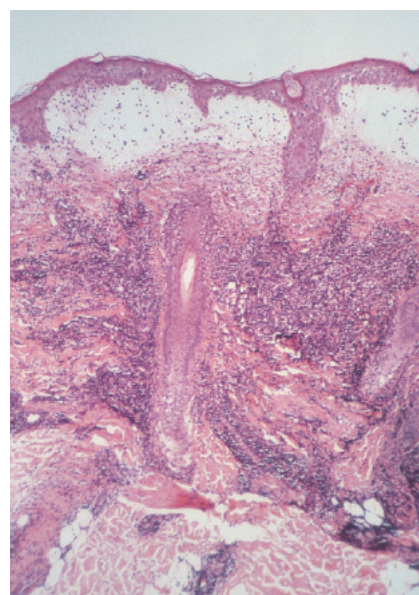


Figure 2. Skin biopsy showing intense subepidermal oedema with blistering, under which there is a marked lymphocytic infiltrate around the dermal vessels.

Professor Kossard is Associate Professor, Skin and Cancer Foundation and St Vincent's Hospital, Sydney, NSW.