

Pruritic urticarial papules and plaques of pregnancy and multiple pregnancies

To the Editor: The article by Aronson et al¹ is interesting in that the authors try to characterize the clinical and immunopathologic findings in pruritic urticarial papules and plaques of pregnancy (PUPPP) on the basis of long-term clinical and immunopathologic observations. The importance of classifying PUPPP into 3 types as suggested is debatable; as the authors themselves point out, there is no difference in time of onset of PUPPP, parity of the patients, histologic or immunofluorescence findings, and the outcome does appear to be different in each of the 3 groups. The authors detail the clinical and histologic features of their patients, but do not mention how many had multiple (twin or triplet) pregnancies and whether the incidence of this differed in any of the groups described. This information is highly relevant because multiple pregnancies are frequently documented in most large series of patients with PUPPP previously published (Table I).²⁻¹⁰

Table I. Multiple pregnancies and PUPPP

Authors	No. of patients with PUPPP	Multiple pregnancies	
		No.	%
Callen and Hanno ²	15	0	0
Noguera et al ³	15	1	6
Roger et al ⁴	22	2	9
Cohen et al ⁵	30	3	10
Powell et al ⁶	35	4	11
Yancey et al ⁷	25	4	16
Vaughan Jones et al ⁸	44	7	16
Lawley et al ⁹	7	2	28
Pauwels et al ¹⁰	12	5	42
Total No.	205	28	13

The multiple pregnancy rate of 13% reported in these combined series of 205 patients with PUPPP represents a striking increase from the expected multiple pregnancy rate in non-PUPPP patients of approximately 1%.^{5,11} Multiple pregnancies are not a feature of the other dermatoses of pregnancy,⁸ and patients with multiple pregnancies may be more susceptible to the development of PUPPP. Two of 14 patients with triplet pregnancies (14%) and 4 of 138 patients with twin pregnancies (2.4%) seen over an 18-month period developed PUPPP.¹² This is a greatly increased frequency of the eruption, which is thought to occur in 0.5% of pregnancies.¹³

Because of the higher than expected incidence of multiple pregnancies in patients with PUPPP, the increased maternal and newborn weight in these patients,⁵ the increased severity of the eruption in some patients with multiple pregnancies,¹⁴ and the initial appearance of the eruption in most patients within abdominal striae during the third trimester, a link between the degree of abdominal distension and susceptibility to onset of PUPPP is suspected by many authors.

The large series of patients reported by Aronson and colleagues¹ should provide additional important information on this aspect of PUPPP and broaden our knowledge base on this common, but enigmatic, eruption of pregnancy.

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