

Atopic eruption of pregnancy

Also known as eczema in pregnancy, prurigo of pregnancy, pruritic folliculitis of pregnancy, papular dermatoses of pregnancy.

What is atopic eruption of pregnancy?

The term “atopic eruption of pregnancy” (AEP) groups together a number of conditions with similar features. AEP is the most common of the pregnancy dermatoses (incidence 1:300-3000). Affected women may experience dry skin, with rough red patches or itchy bumps affecting any part of the body. They may or may not have experienced eczema before pregnancy. This condition does not harm the baby and often improves after the baby is born.

What causes AEP?

“Atopy” describes a problem with the immune system that causes people to be prone to eczema, asthma or hay-fever. It often runs in families. “Atopy” is associated with poor skin barrier function, causing dry and sensitive skin. Women with AEP may have had eczema (atopic dermatitis) before pregnancy, or they may develop a rash for the first time during pregnancy.

What does AEP look like?

Atopic eruption of pregnancy develops relatively early in pregnancy.

There are two forms of this condition:

- 1 Eczematous (E-type AEP) – rough and red patches develop. This typically occurs on the face, neck, creases of elbows and backs of knees
- 2 Prurigo (P-type AEP) – bumps develop and can affect widespread areas like the abdomen, arms and legs

The skin is usually dry. Scratch-marks (excoriations) or weeping (exudation) of the skin may be present. The rash is very itchy.

What other problems can occur with AEP?

Atopic eruption of pregnancy may be associated with asthma and hay-fever. AEP does not adversely affect the pregnancy or cause any harm to the baby. However, the child may be prone to developing eczema, asthma or hay fever.

How is AEP diagnosed?

Atopic eruption of pregnancy is usually diagnosed from a physical examination of the skin. A skin biopsy may be performed and blood tests may show elevation of IgE, an immunoglobulin that is associated with atopy.

How is AEP treated?

Atopic eruption of pregnancy can usually be controlled with moisturisers and steroid ointments. Soaps and other irritants should be avoided and washing should be limited to once daily. More severely affected women may benefit from phototherapy (narrow band UVB). Steroid tablets may be required in rare cases.

What is the likely outcome of AEP?

Atopic eruption of pregnancy usually improves after delivery of the baby. However, affected women continue to have the atopic tendency and the condition may recur in future pregnancies.