

“What’s on my back?”

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A 67-year-old male presents with a pruritic papular eruption on his back and chest, apparently made worse by heat and sun exposure.

What is your diagnosis?

This patient is suffering from **Grover's disease** (benign papular acantholytic dermatosis). This is an acquired, often self-limited, pruritic papular eruption observed in the elderly. It typically affects males and it predominantly involves the trunk. The etiopathogenesis is uncertain, although it has been associated with excessive UV exposure, heat and sweating.

A patient suffering from Grover's disease presents with erythematous, edematous, papulovesicles or keratotic papules on the trunk, which lasts from weeks-to-months. It can be recurrent or persistent.

Diagnosis of Grover's disease can sometimes be made clinically, although a skin biopsy showing acantholytic dyskeratosis is confirmatory. The differential diagnoses include:

- Hailey-Hailey disease,
- Darier's disease and
- pemphigus.

Clinicopathologic correlation is required.

Management includes advising patients to:

- avoid excessive sun exposure,
- avoid excessive heat and
- occlusive clothing.



Figure 1. Red papules on the patient's trunk.

Mild cases may benefit from:

- soothing baths (e.g., colloidal oatmeal),
- menthylated moisturizers and
- avoidance of soaps.

Calamine lotion or topical steroids (and occasionally antihistamines) can ease the pruritus. Topical calcipotriol, b.i.d. for four weeks can be beneficial. More extensive or persistent cases may require oral retinoids (e.g., 25 mg isotretinoin, q.d.) weaned to a maintenance dose.

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