TRICH-Y RASH IN THE IMMUNOSUPPRESSED

Ishan A. Patel, MD[1], John Scopetta, MD[2], and David Adelson, MD[3]

1. Resident Physician, Department of Internal Medicine, Oregon Health & Science University
2. Staff Pathologist, Pathology and Laboratory Services, Portland VA Medical Center
3. Chief, Dermatology Section, Portland VA Medical Center

CASE PRESENTATION

Background:

- 43 year-old M w/ ESRD 2/2 nephrosclerosis
- Underwent deceased donor transplant, ~1 yr prior to presentation
- Immunosuppression: mycophenolate, tacrolimus, prednisone

Presentation:

- One year after transplant
- Diffuse, mildly pruritic, non-pustular , non-erythematous papules
- About 1-2 mm in size, all monomorphic in appearance (**Figure 1**)
- Concentrated around his arms, chest, abdomen, back, buttock
- Appeared to be in distribution of existing follicles

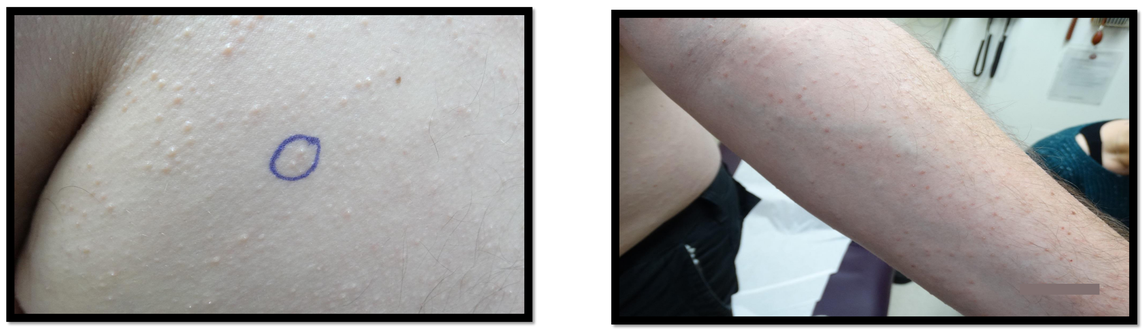

Figure 1: Photographs of representative lesions. These are 1-2 mm non-pustular, non-erythematous, monomorphic papules. A biopsy of a representative lesion was performed (upper panel, encircled).

Diagnosis:

- Referral to Dermatology
- Biopsy of lesion
- Dermatopathology: **trichodysplasia spinulosa**
- Dilated follicles with large trichohyalin granules (**Figure 2**)

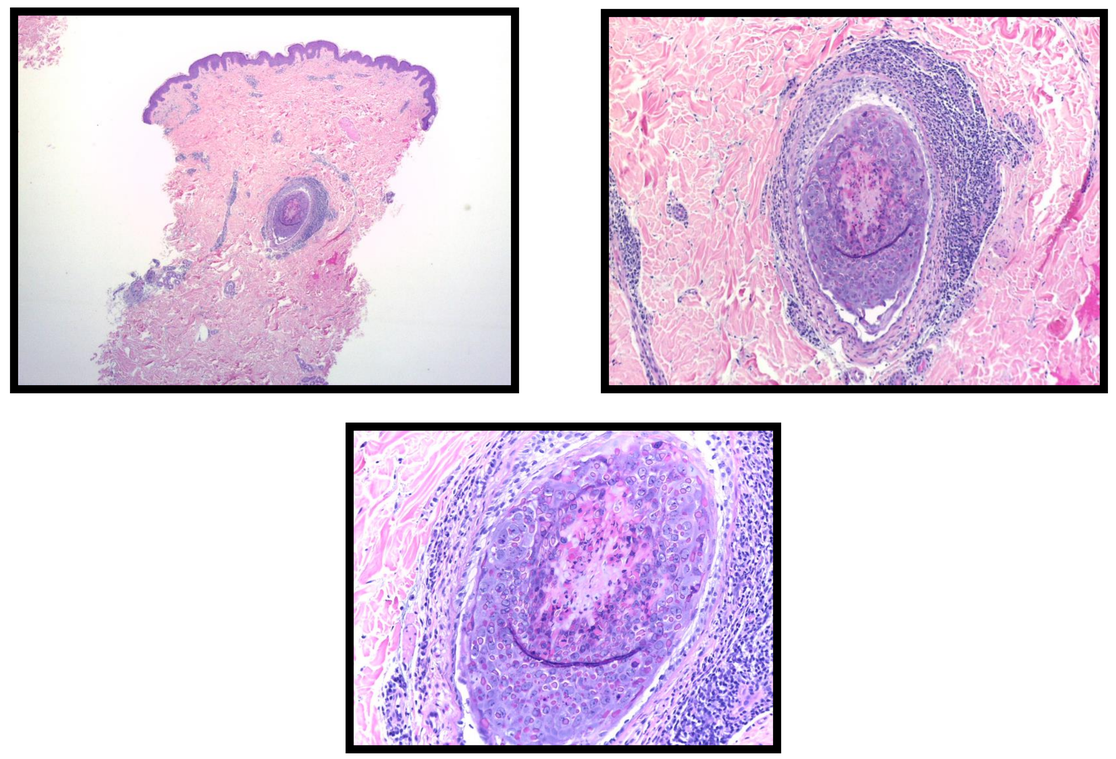

Figure 2: Dermatopathology of a representative lesion. Note the characteristic dilated follicles with abnormally large trichohyalin granules.

DISCUSSION

Trichodysplasia is a rare skin condition caused by reactivation of **human polymavirus 8.** Reactivation occurs exclusively in setting of immunosuppression of solid organ transplant recipients.

Treatment:

- Limited experience with treatment in the literature
- Oral antivirals (e.g. oral Valganciclovir)
- Topical antivirals (e.g. topical Cidofovir 1-3% cream)
- Reduction of immunosuppression trough goals.

This patient's tacrolimus trough goal **was lowered** from 5-10 ng/ml to 4-8 ng/ml which significantly reduced his symptoms.

TAKE HOME POINTS

- Increasing incidence of solid organ transplantation in the US
- Increasing use of immunosuppressive medications
- Atypical infections should be higher on DDX in this population
- Limited treatment and long-term safety information is available.

REFERENCES

1. Decrescenzo AJ, et. al. Trichodysplasia spinulosa: A rare complication of immunosuppression. JAAD Case Rep. 2016;2(4):307-9.
2. Leitenberger JJ, et. al. Two cases of trichodysplasia spinulosa responsive to compounded topical cidofovir 3% cream. JAAD Case Rep. 2015;1(6):S33-5.
3. Benoit T, et. al. Viral-associated trichodysplasia of immunosuppression: report of a pediatric patient with response to oral valganciclovir. Arch Dermatol. 2010;146(8):871-4.