Transient Acantholytic Dermatosis (Grover’s Disease) in a Bulgarian Patient Associated With Idiopathic Low-Grade Thrombocytopenia: First Description in the Medical Literature!

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Abstract
Grover’s disease is a transient acantholytic dermatosis that usually disappears within a few weeks, but it can also be presented as a persistent variant with a duration of more than 3 years. The etiology of this disease is not entirely clear and possible causes include viral infections, drug reactions (BRAF inhibitors and allogeneic haematopoietic stem cell transplantation). In terms of treatment, topical and systemic steroids, oral vitamin A and PUVA therapy are described. We present a case of an 89-year-old man who was hospitalized on a 1-month complaint for a recurrent, severe itchy, blistering rash on the upper limbs, back and chest (Fig.1a-1f). During the clinical examination, we identified an erythema-papulo-vesicular polymorphic rash, with areas of xerosis, which engaged the upper part of the trunk (Fig. 1a-1f). Clinically, the data were indicative for acantholytic dermatosis or Grover’s disease. Additionally, a blue-like lesion, located in the presternal area, was observed (Fig. 1e). Paraclinical data have shown the presence of thrombocytopenia (118.0 x 10^9/l), lymphocytopenia (19.6%), granulocytosis (74.3%), elevated uric acid (440.0 µmol/l) and triglycerides levels (1.8 mmol/l). A skin biopsy was taken as the histological study showed evidence of acantholytic dyskeratosis, intraepidermal vesicular dermatitis, and confirmed the initial diagnosis, namely Grover’s disease.

Case Report
We present a case of a 79-year-old man who was hospitalized on a 1-month complaint for a recurrent, severe itchy, blistering rash on the upper limbs, back and chest (Fig.1a-1f). The patient suffers from arterial hypertension and benign prostatic hyperplasia for which he accepts Bisoprolol 5 mg (1/2-0-0), Acetylsalicylic acid 75 mg (0-0-1), Alfuzosine hydrochloride (0-0-1) and Finasteride 5 mg (0-0-1). During hospitalization, systemic antihistamine and topical steroid therapy was performed. Subsequently, ambulatory therapy with Acitretin 20 mg/day was given, with a good therapeutic response. We believe that this case seems to be the first officially documented case of Morbus Grover associated with idiopathic low-grade thrombocytopenia.

Key words: Morbus Grover; Idiopathic thrombocytopenia; Acitretin; Prednisolone; PSA

Introduction
By definition, Grover’s disease is a transient acantholytic dermatosis that is clinically characterized by the appearance of papules or papulovesicles mainly on the trunk and most commonly affecting men between 40 and 50 years [1-3]. The definition of “transient” disease emanates from the fact that the disease usually disappears within weeks or has a duration less than three months [2,3]. However, the likelihood of long-term clinical manifestation (more than three years) in the context of persistent dermatosis, as a variant of transient acantholytic dermatosis, is also indicated [4].
cancer was excluded. In connection with thrombocytopenia, a hematologist was consulted with the conclusion that it was a low-grade thrombocytopenia without the need for treatment. During the hospitalization systemic therapy with Desloratadine 5mg/day was performed and Flumetasone pivalate / Neomycin sulphate x1 / daily was topically administered. After dehospitalisation, treatment with Acitretin 20 mg / day per os and Methylprednisolone aceponate 0.1% x 2 / daily topical, under ambulatory conditions was initiated.

Discussion

The pathogenesis of Grover’s disease has not been fully elucidated and currently, etiologically, viral infections, drug reactions (under treatment with BRAF inhibitors such as vemurafenib or dabrafenib) as well as allogeneic haematopoietic stem cell transplantation (AHSCT) are reported as possible causes [1, 5, and 6]. Histologically, the disease is characterized by 4 different acantholytic patterns, namely Darier-like type, Hailey-Hailey-type, pemphigus (vulgaris or foliaceus) -type, or spongiotic-acantholytic type. It is possible to observe a certain histological subtype, but in most cases two or more of these patterns is found [2-3].

Although in most cases the disease is presented as a benign and self-limiting condition it is possible to observe forms of extensive or atypical Grover’s disease [7]. In these patients, immunosuppressant is believed to play a key role [7]. According to the prevailing part of the literature data, Grover’s disease is very often combined with other dermatological and non-dermatological conditions, therefore histological examination is considered to be of primary importance for distinguishing other concomitant disorders [1]. This is most relevant to extensive forms of Grover’s disease, due to the fact that underlying malignancy, including hematopoietic malignancies, is often observed in these cases and the possibility of mistaken initiation of corticosteroid or immunosuppressive therapy should be avoided [5,7]. Currently, treatment options for transient acantholytic dermatosis include the administration of topical and systemic adrenal steroids, high doses of oral vitamin A with satisfactory results or PUVA therapy [8].

References


