Polymorphic Light Eruption ("PMLE")

Other names

"Sun poisoning" or "sun allergy" or PMLE

Description

It is an itchy rash in sun-exposed areas (most commonly forearms and chest) hours to days after sun exposure and persists for several days or weeks before subsiding. It is thought to be an allergy to UVA rays of sun. It is rare on face and hands.

Epidemiology

- It is thought to affect 10-20% of people in a changing climate.

- It is two to three times more common in women

- Age of onset is usually 20-40 years of age.

- It is more common in fair skin, but also occurs in pigmented skin.

Clinical Manifestations

- Occurs most commonly in the spring, early summer, or after a trip to a sunny area

- Occurs most commonly on skin that is covered in winter (The forearms and "V" of chest/neck are the most common areas.)

- Itchy rash, but individual lesions can look different in different people. Commonly rash is crops of itchy red bumps.

- Typically rash occurs 30 minutes to 24 hours after sun.

- The rash lasts days to weeks after exposure.

Etiology

- It is thought to be an immune reaction to sun, probably a delayed type hypersensitivity (an allergy to sun).

- Both UVA and UVB rays have been implicated, but more commonly UVA rays (which are the deeper rays that come through untreated glass, i.e., the side car windows).

Diagnosis

- Usually diagnosis is made by exam and history, but sometimes a biopsy is performed to rule out other conditions.

Treatment

- The best treatment is prevention - broad-spectrum sunscreens, sun-protective clothing, and shade.

- Topical steroids are usually used to treat an acute eruption.

- More rarely, oral hydroxychloroquine ("Plaquenil"), oral beta carotene, oral immunomodulators (i.e., azathioprine), or "hardening" with PUVA is used for more severe cases.

Prognosis

PMLE is usually a recurrent condition that persists for years, but often improves over the years.