

REMARKS ON THE DERMATOSES OF PREGNANCY.\*

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WHEN we consider that there is no disease of the skin which occurs exclusively under the influence of the pregnant state, no single disease of the skin occurring during pregnancy that does not also occur in the non-pregnant, it might seem that we are not justified in using the phrase "the dermatoses of pregnancy" as of a distinct etiological group, however proper it might be to speak of the dermatoses that occur during pregnancy. When we recall, however, that the skin is a part of the organism as a whole, and that like every tissue of the body it must be influenced by the profound metabolic, vascular, and nervous changes incident to pregnancy, and when we bear in mind the results of clinical observation on the intimate relations between

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the pregnant state and the development of many skin diseases we feel warranted in using the term.

We must include among the dermatoses of pregnancy (1) those diseases of the skin which occur in a preponderating number of cases during the pregnant state, e. g., impetigo herpetiformis; (2) those whose intimate connection with pregnancy is manifest from the fact that they disappear with the evacuation of the uterine contents, e. g. herpes gestationis, chloasma; and (3) those transitory reflex, vascular and nervous dermatoses like urticaria, erythema, etc., of which we can say that they are found with relative frequency in pregnant women not subject to them during the non-pregnant state, that they cease with the termination of pregnancy, and that their pathological character affords some justification for assuming a relation to the pregnant state. Finally, we have to consider the effect of pregnancy on pre-existing dermatoses, like acne, eczema, psoriasis.

Now, gentlemen, these various cutaneous disorders of pregnancy are so familiar to all of you that I shall not obtrude upon this audience any detailed description of them, but shall confine my remarks to a few of the more important considerations.

*Impetigo herpetiformis* constitutes happily one of the rarest as it is one of the most formidable of dermatoses. Four out of the first five cases reported by Hebra in 1872, all of them in pregnant women, terminated fatally. Since that time a total of about twenty cases has been recorded, and while the high percentage of deaths has been maintained there has been observed an increasing number of cases in the non-pregnant and not less than three well authenticated cases in the male. It is an open question whether, when we have a record of say two hundred cases instead of twenty, we shall include the disease among the dermatoses of pregnancy. It must be admitted, however, that a record of nearly seventy-five per cent. of cases developing during pregnancy implies, even for the limited number of observations, something more than a mere coincidence. Nevertheless there is nothing known in the pathology of the disease, which bears all the marks of a systemic affection, to indicate a dependence on the pregnant state.

*Herpes gestationis* is a subdivision of that group dermatitis herpetiformis, which the genius of our foremost dermatologist, Prof. Duhring of Philadelphia, succeeded in establishing as a clinical entity out of the horde of erythematous, vesicular, bullous and multiform pruritic conditions which had been described

from time to time under a variety of names. The disease as it occurs in pregnant women differs from the general group to which it belongs only in this respect—that it disappears as a rule within a few weeks after the termination of pregnancy, whether at term or at any earlier period. The condition is fortunately a rare one; I have myself seen only four cases. In one of them the poor woman was so reduced by the effects<sup>1</sup> of the constant itching and the pain and discomfort from ruptured pemphigoid blebs that interruption of the pregnancy was indicated. The disease sometimes recurs with each succeeding pregnancy, sometimes develops but once.

The larger group of Duhring's disease, of which the form under consideration is a subdivision, occurs on the whole perhaps more frequently in men than in women. A reasonable view of its pathogeny is that it is due to a toxemic condition acting on the skin through the intervention of the peripheral nerves. We do not know on what this toxemia depends. On the hypothesis that the toxic agent is generated in the intestinal canal I have treated several cases by a course of Carlsbad salts with good results. But this assumption could scarcely apply to the cases peculiar to the gravid and in them we must limit our therapeutic efforts to external soothing and protective measures.

You are all familiar with the deposits of pigment in the skin that occur during pregnancy. The increase of pigment in the areola mammæ and in the linea alba belong to the common signs of pregnancy. Hardly less frequent is a slight increase in pigment in the upper part of the face. When this pigmentation is sufficiently intense to be a striking feature we call the condition *chloasma gravidarum*. There can be no doubt that the *chloasma* is due directly to changes in the system brought about by the altered state of the uterus, for we find a condition wholly indistinguishable from *chloasma gravidarum* in various pathological conditions of the non-gravid uterus, but we call the pigmentation then *chloasma uterinum*, and the latter differs from the gravid form only in its greater persistence. We may possibly account for the pigmentation of the areola and the linea alba by local physiological changes in the circulation, but this explanation cannot apply to *chloasma* affecting, for instance, the face, and we are forced to assume here some more indirect cause that may be sought in the interference of the gravid or the displaced uterus with the nerves or vessels of the abdomen. I shall return to this point later.

In this group of dermatoses coincident with and dependent on the gravid state we may place the affection to which Dr. Brickner has called attention this evening, fibroma molluscum gravidarum. The condition is by no means rare. We have all seen the little tabs of skin that occur singly or multiple on the neck and upper part of the trunk of adults, especially after the fourth decade of life, and I have myself noted the greater tendency to their development during pregnancy. Aside from the slight disfigurement the condition is of no clinical importance, and to me its chief interest lies in its pathological significance. Permit me to call your attention for a moment to a grave disorder of the skin to which it was my good fortune first to call attention in 1890, acanthosis nigricans. In this disease we have a papillary and pigmentary dystrophy of a far greater intensity than anything seen in chloasma or in fibroma molluscum. In the sixteen years since the disease was first described about thirty cases have been recorded. Now it is a striking fact that in the great majority of these cases cancer in the organs of the pelvis or the abdominal cavity was noted. It seems reasonable to suppose that the changes in the skin in this disease are the effect of interference with the functions of the great ganglia of the abdomen, perhaps with the vascular supply or the nerves of the adrenal bodies. If this view is correct it sheds some light on the occurrence of the pigmentations and the papillary proliferations of pregnancy.

Finally we have to consider the cutaneous effects of the gravid uterus which are of purely mechanical origin, the œdema of the vulva and the venous stasis in the lower extremities. These conditions are of importance from the dermatologist's point of view only through their secondary effects. They frequently occasion a pruritus which, in turn, may be the starting point of an eczema. They disappear with the disappearance of the uterine tumor, but their secondary effects may, of course, persist for a long time.

We come now to a consideration of the transient neurovascular affections of the skin, the urticaria, the erythemata, etc., of pregnancy. At first glance the connection between these affections and an existing pregnancy may seem merely one of coincidence. Urticaria is so common an affection at all times that we might well hesitate to associate it in a casual connection with the pregnant state. But the weight of clinical evidence is nevertheless in favor of such a connection. You gentlemen

know better than I, how frequently urticaria and pruritic erythemata are seen in the gravid, for these conditions are only exceptionally brought to the dermatologist; but I am sure you can all recall numerous cases of this kind among your obstetrical patients; and from them you have heard repeatedly that they have never had the dermatosis before or that they have had it only during a previous pregnancy. And you will often have found that the affection continues with perhaps slight remissions throughout the entire course of the pregnancy, ceasing only with the delivery of the fetus. It is difficult to account for these conditions. Both urticaria and these erythemata are commonly attributable to the presence in the circulating blood of some toxic or irritating substance, in most cases absorbed from the gastrointestinal tract. Whether the presence of the uterine tumor mechanically favors the occurrence of abnormal fermentative changes in the intestines, or whether the noxious agent is the product of some faulty metabolism, maternal or fetal, must remain an open question.

The circumscribed hyperidroses, particularly the hyperidrosis of the palms often noted in pregnant women, are equally difficult to account for. Something may be said in favor of the view that we are dealing here with metabolic products that act directly on the sudoriparous apparatus; but it seems more probable that the cause of these hyperidroses may be found in the disturbance of the vascular balance incident to pregnancy.

When we come to a consideration of the relation of the pregnant state to acne, eczema, psoriasis, etc., we open up at once the question of the pathogenesis of these diseases. Those who believe that these dermatoses are the expression of a dyscratic general state, those who believe them to depend on some diathesis, will have little difficulty in extending their faith to include pregnancy among the causes of the cutaneous disease. But those who believe, as I do, that eczema and acne are infectious diseases, will not admit that the pregnant state as such can have any causative influence in their development. On the other hand, it is clear that an eczema of the lower extremities, for instance, may be unfavorably influenced by an intercurrent pregnancy, and that the circulatory changes incident to that condition may exert an influence on an existing acne. Furthermore, both these diseases are frequently present in so mild a degree—a slight circumscribed thickening of the skin with possibly no subjective symptoms, or a few unnoticed "black-

heads" with only an occasional pustule—that the patient is quite unaware of their existence. If then there is a lighting up of a smouldering eczematous process or an acne under the altered circulatory conditions of pregnancy the case cannot properly be regarded as one of eczema or of acne due to pregnancy. I should explain in this way the cases noted especially in the older literature of eczemas recurring regularly with each pregnancy. Some of these cases were probably not eczema at all, but possibly dermatitis herpetiformis and some were simply exacerbations of old eczematous processes.

As to the etiology of psoriasis we have half a dozen equally unsatisfactory hypotheses to choose from. We do not know what causes psoriasis; but we may be sure that pregnancy is without influence on the disease, for we find that during that condition psoriasis sometimes gets well and sometimes grows worse, just as it is in the habit of doing in the course of any other period of nine months.

In conclusion, Mr. Chairman and gentlemen, permit me to say that I might perhaps have occupied the time allotted to me in a more entertaining manner. I might have confined myself to a narration of the more or less amusing accounts of the lady who recognized her recurring pregnancies by the darker hue which a pigmented mole on her left forearm assumed soon after each conception; or I might have discussed the case of the French lady whose catamenia suddenly ceased when she was threatened with death by a Paris mob during the Terror, and who soon after found herself growing black "like a negro" throughout the entire cutaneous surface, a condition which persisted till her death at the age of 70; and so forth. But I have purposely avoided these marvelous instances in the hope that a calm and rational discussion of the more general aspects of the subject might be of greater service.

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