

corticosteroid creams separately or in combination, is the treatment of choice. Treatment with coal tar, sulfur, and salicylic acid shampoos and topical tacrolimus may be effective.

9. Pruritic papular eruption (PPE)²⁹: Various descriptions have been proposed for this entity. The etiology is obscure and no definite cause has been detected. PPE may present with different types of rashes. These include -

- *Transient*, maculopapular eruptions occur most frequently on the face and trunk. They usually heal within 4 to 6 weeks. Histologically, a lymphoplasmacytic angitis is repeatedly observed in many cases.

- A more *chronic eruption* has also been described in individuals with AIDS and ARC. It consists of multiple discrete, 2 to 5mm skin-colored papules distributed over the head, neck and upper trunk. Histology is nonspecific. No correlation has been found between disease severity and stage of HIV infection.

- A chronic, *follicular eruption* on the limbs and trunk, which is characterized histologically by a perifollicular neutrophilic infiltrate.

No pathogen has been detected in any of these conditions. The treatment is also empirical. Topical corticosteroids, phototherapy with PUVA and UVB, dapsone, topical 4% cromolyn sodium and pentoxifylline⁷⁸ have been reported to be effective.

Miscellaneous conditions²²: These include psoriasis, Reiter's disease, aphthosis, pigmentary changes, drug eruptions and certain bacterial and subcutaneous/deep fungal infections such as cryptococcosis and histoplasmosis.

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