GROVER’S DISEASE – TRANSIENT ACANTHOLYTIC DERMATOSIS

Grover’s disease, or transient acantholytic dermatosis, is a pruritic eruption affecting fair-skinned men older than 40 years. The lesions occur on the trunk as crops of discrete papulovesicles and scaly papules (Fig. 1). Precipitating factors include exercise, heat and sweating, as well as exposure to ultraviolet or ionising radiation.

Differential diagnosis

Grover’s disease may mimic other dermatological conditions. These include Darier’s disease, miliaria rubra (heat rash), papular urticaria and insect bite reaction, dermatitis herpetiformis, pityrosporum folliculitis and drug reaction.

Special investigations

Skin biopsy establishes the diagnosis. Microscopically there is focal acantholytic dyskeratosis. Acantholysis is the separation of cells in the epidermis.

Course and prognosis

Although Grover’s disease is known as transient acantholytic dermatosis and may last a few weeks to months (with a self-limiting course), some cases are persistent.

Management

Patients should avoid strenuous exercise and exposure to sunlight.

Topical therapy

Calamine lotion with $1/4$% menthol and $1/2$% phenol relieves itching. Topical steroids may be used for initial control.

Oral therapy

Oral therapy is reserved for extensive and severely pruritic cases. Oral steroids (prednisone 40 mg daily) are tapered once itching and inflammation is controlled over a period of 4 weeks. Isotretinoin 40 mg daily for 2 weeks and then 10 mg a day for 10 weeks is helpful. Oral vitamin A at a dose of 50 000 units 3 times a day for 2 weeks, and then decreasing to 15 000 units daily for 10 weeks has also been used. Dapsone has been beneficial in some patients. Phototherapy with UVB is useful for recalcitrant cases of Grover’s disease.

FURTHER READING


ACKNOWLEDGEMENT

I would like to acknowledge the help that I have received from our secretary Miss F Zain who has diligently typed and checked all the Skin Focus articles published over many years.