



Unusual Immediate Post-Partum Dermatology Complications

Maithily A. Nandedkar, MD

We all know about PUPPP in the third trimester, nipple eczema after the baby is born, and keloids post C-Section, but there are two strange complications that I have seen that are not well described in the literature; Pityrosporum Folliculitis (PF) and Candida cellulitis. In my experience, those who had significant PF, that persisted well past their college years and who required Isotretinoin treatment, seem to be the most at risk. Many of these women develop PF after being given antibiotics either prior to a C-Section or for post-partum infections. The trigger is a sudden imbalance in normal flora allowing both Pityrosporum and Candida species to proliferate and the results can be dramatic. Patients present at their dermatologist panic-stricken! I had one patient whose skin suddenly developed hundreds of mini sand paper like papules characteristic of PF and simultaneously her vulva swelled to triple in size. Oral fluconazole solved the problem fairly quickly.

Another condition that is common and dramatic, is severe allergic contact dermatitis (ACD) due to Chlorhexidine or Betadine. These sterilizing solutions cause an immediate pustular and vesicular eruption that is well demarcated on the abdomen and pelvis, following exactly the site where the patient's skin was wiped. Rather than oral Prednisone, which can trigger a post partum depression, I use topical Triamcinolone cream under occlusion. It is inexpensive and helps tremendously. If the patient is predisposed to PF, then consider a low dose of Fluconazole simultaneously to avoid overgrowth of PF and Candida. These are unusual conditions; they happen and are extremely distressing to women who just had a baby. Recognizing them as fungal rather than bacterial cellulitis makes for a mother grateful to fluconazole and her dermatologist, of course!