

## Polymorphous light eruption and benign summer light eruption in Italy.

Guarrera M, Cardo P, Rebora AE, Schena D, Calzavara-Pinton P, Venturini M, Monfrecola G, Baldo A, Leone G, Pacifico A, Pavesi A, Ciambellotti A, Sala R, Rossi MT, Di Costanzo L, Fabbrocini G.

### Abstract

#### BACKGROUND/PURPOSE:

Polymorphous light eruption (PLE) heterogeneity has been postulated, but the existence of benign summer light eruption (BSLE) is controversial. We studied the prevalence of the clinical patterns, criteria distinguishing BSLE from PLE, and diagnostic usefulness of phototest.

#### METHODS:

Five Italian Photodermatology Centres recruited retrospectively 346 patients with typical clinical history and/or presentation of PLE. Age, gender, skin type, family history and presence of atopy were considered. UVA and UVB MEDs and provocative phototests with UVA and UVB were obtained with a standardized procedure. Photopatch tests were applied according to the IRCDG rules. ANA were assessed by indirect immunofluorescence.

#### RESULTS:

Four criteria (predominance of women, shorter latency, uninvolved face and absence of relapse during summer) identified BSLE in only 6.1% of cases. All had positive phototests, mostly with UVA. Uninvolved face, short latency and no seasonal relapses identified 11.7% patients, mostly with positive phototests to UVA. Short latency and no seasonal relapses in women identified 11.2% patients. Uninvolved face and no seasonal relapses in women identified 8.1% of patients. Uninvolved face and short latency in women identified 17.6% of patients.

#### CONCLUSION:

Criteria diagnosed BSLE in only a minority of patients, who were positive at phototesting, mostly with UVA.