

Complete Information on Autoimmune progesterone dermatitis with Treatment and Prevention

Autoimmune progesterone dermatitis (APD) is a circumstance in which the menstrual rhythm is associated with an amount of skin findings such as urticaria, eczema, angioedema, and others. The circumstance presents with a kind of skin eruptions characterized by cyclical recurrent premenstrual exacerbations payable to progesterone variation during the menstrual rhythm. Autoimmune progesterone dermatitis usually presents during early adult life, and the disease may periodically go into spontaneous remission. Exogenous progesterone (eg, in oral contraceptives containing progestational agents like norethindrone or synthetic progestogens like norgestrel or levonorgestrel) may aggravate the skin eruptions of autoimmune progesterone dermatitis. Some women with chronic urticaria experience cyclical exacerbations of their skin condition corresponding with the menstrual cycle, and it is possible that progesterone plays a role in this process.

Severity of symptoms can change from almost imperceptible to anaphylactic in nature, and symptoms can be liberal. There are no particular histological features on biopsy in autoimmune progesterone dermatitis. The age of onset is varying, with the earliest age reported at menarche. The symptoms of APD correlate with progesterone levels during the luteal phase of the menstrual cycle. Symptoms may first appear, improve, or worsen during pregnancy and the peripartum period. In addition, autoimmune progesterone dermatitis during pregnancy has been associated with spontaneous abortions. This disease may become worse during pregnancy. Autoimmune progesterone dermatitis must be differentiated from perimenstrual flares of skin diseases such as acne, dermatitis herpetiformis, erythema multiforme, lichen planus, lupus erythematosus, psoriasis and estrogen dermatitis.

The diagnosis of Autoimmune progesterone dermatitis requires a proper clinical story accompanied by an intradermal injection examination with progesterone. Autoimmune progesterone dermatitis is normally impervious to traditional therapy such as antihistamines. The use of systemic glucocorticoids, usually in high doses, has been reported to control the cutaneous lesions of APD in some studies, but not in others. Oral contraceptives are often tried as initial therapy, but have had limited success, possibly due to the fact that virtually all oral contraceptives have a progesterone component. Conjugated estrogens have also been used in the treatment of autoimmune progesterone dermatitis. Tamoxifen, a nonsteroidal antiestrogen agent, may be effective in some patients but may cause amenorrhea. In some cases, the eruptions often settle spontaneously after a period of successful treatment.

About the Author

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