Pityriasis rosea during the COVID-19 pandemic: Further support for a viral etiology

To the Editor: We read with great interest the recent research letter by Nussbaum et al stating that the reduction in new pityriasis rosea (PR) diagnoses, as well as common viral infections, during the COVID-19 pandemic lends support to the argument for a viral etiology in PR, specifically human herpesvirus (HHV)-6 and HHV-7. However, we would like to highlight some potential limitations to this conclusion.

In contrast to the authors’ study, others have reported a significant increase in PR during the pandemic; thus, the incidence of PR during this timeframe may not be clearcut. In addition, although preventative measures instituted during lockdown have decreased the spread of many communicable respiratory viruses, >90% of the population is seropositive for HHV-6 and HHV-7 at a young age, and to our knowledge, there is no data to support a decreased incidence of HHV-6 and HHV-7 reactivation during the pandemic. SARS-CoV-2 antigens may actually increase the likelihood of HHV-6B reactivation via upregulation of OX40 (CD134), a CD4 T-cell receptor that allows for HHV-6B entry into the host cell. If HHV-6 plays a role in PR, upregulation of OX40 and subsequent HHV-6B reactivation may explain cases of PR following COVID-19 vaccination.

The link between HHV-6 and HHV-7 and PR remains contentious; however, further observation and investigation are worthwhile, especially given the association of PR with early pregnancy complications and the potential benefit of antiviral treatment in such cases.

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REFERENCES