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RESPONSE TO LETTER

L-Lysine as an Alternative Treatment for Pityriasis Rosea (PR) [Response to Letter]

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Dear editor

We have read with great interest the letter by dos Santos et al entitled "L-lysine as an Alternative Treatment for Pityriasis Rosea (PR)",[1] commenting our previously published manuscript reviewing current literature on the PR and PR-like eruption following COVID-19 vaccination.[2] It is well known that there is an association between PR and human herpesvirus (HHV) 6–7, which, like all HHV, is characterized by the ability to establish lifelong latency.[3] Among the several cutaneous reactions and viral reactivations reported following COVID-19 vaccination, PR was one of the commonest.[4,5] Among the proposed pathogenetic mechanisms, despite the exact correlation is not still understood, it has been hypothesized that the exposure to the viral antigen boosts the cell-mediated immune response, and this immune response can sometimes become dysregulated, leading to inflammation and reactivation of latent viral infections, including human herpesviruses HHV6 and HHV7, linked to PR.[6] Moreover, therapeutic approaches to PR have not been discussed in our review, since this disease is usually self-limited.[2]

In this context, dos Santos et al showed that one case of PR following the second dose of AZD1222 was treated with the L-lysine + L-arginine protocol, based on the capacity of lysine to inhibit the availability of arginine through competitive antagonism, leading to viral replication impairment.[7]

According to authors, this therapeutic approach should be suggested in severe cases of PR, regardless the COVID-19 vaccination.

Despite the watchful waiting strategy, coupled with the treatment of eventually associated symptoms such as pruritus with oral antihistamines, it is the mainstay of treatment of PR; patients with severe disease or requiring faster resolution may benefit from other therapies such as antivirals (acyclovir) and phototherapy.[8–10] In this context, L-lysine + L-arginine protocol may be an interesting option, also as monotherapy. Certainly, further studies are required to establish the best treatment algorithm for PR.

Disclosure

The authors report no conflicts of interest in this communication.

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