**Title page**

**The title of the article** : **Domperidone-induced pityriasis rosea-like drug eruption.**

**Running title**: Domperidone-induced pityriasis rosea-like drug eruption.

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**Case observation**

A 41-year-old woman, G2P1 presented at 12th week of pregnancy with a pruritic eruption on the upper and lower limbs, neck and trunk. The eruption appeared 5 days after domperidone intake. No symptoms of viral infection were observed in the previous week. The dermatological examination revealed scattered erythematous and squamous lesions on the arms, chest and abdomen (Figure1A), and confluently scaly plaques of the lower back. Histological examination revealed signs of a drug reaction (Figure2). The rash disappeared 2 weeks after discontinuing the treatment (Figure1B).

**Discussion**

Pityriasis rosea is a common, acute, self limiting inflammatory skin disease due to the endogenous systemic reactivation of human herpesvirus-6 (HHV-6) and/or -7 (HHV-7). Pityriasis rosea-like eruptions (PR-LE) have been reported after drugs.1 Recently, several cases have been reported of PR-LE after COVID-19 vaccines.2 The clinical presentation of PR-LE can be distinguished from PR. Herald patch and Prodromal systemic symptoms are absent in PR-LE and lesions are more confluent forming large itchy lesions.1

Skin reactions to domperidone have been described in two cases representing by systemic lupus-like syndrome and general diffuse erythema with some pustules. The pathophysiology between domperidone and these different reactions is not well understood, it is probably multifactorial and complex.

**References:**

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**Legends:**

Figure 1A: Erythematous and squamous lesions on the trunk

Figure 1B: Without topical treatment, the lesions disappeared two weeks after discontinuing domperiode.

Figure 2: A (HE x100), Parakeratotic hyperkeratosis in front of acanthotic rete pegs. Perivascular lymphocytic and eosinophilic infiltrate in dermis. / B (HE x200): Rare apoptotic bodies in the epidermis.