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[Home](#) | [Scaly skin conditions](#)

Grover's disease

Grover's disease is a skin condition affecting the chest and back. It is also known as "transient acantholytic dermatosis", and occasionally, as "persistent acantholytic dermatosis".

Clinical features

Grover's disease most often affects men over 50. It is less common in women or younger people. It is more common in those who are unwell in some way, but can arise in quite healthy people as well.

It often starts quite suddenly and is more common in winter than in summer. It results in small red, bumpy spots (papules) on the central back, mid chest and occasionally elsewhere. Although frequently itchy, it may cause no symptoms. The spots may be blistered, crusted or eroded. There may be slight bleeding.

Sometimes, Grover's disease can be complicated by the development of [dermatitis](#), usually in a [nummular pattern](#) i.e with round or oval-shaped plaques. These tend to present as larger itchy patches with a dry surface, and the rash may spread to affect other areas of the body.

Grover's Disease



What is the cause of Grover's disease?

The cause is unknown. Sometimes, it follows sweating or some unexpected heat stress, so there has been suspicion that it may relate to the sweat ducts in some way. But it also may arise in quite dry skin. Many affected individuals are sun damaged.

How is the diagnosis made?

Dermatologists may make the diagnosis from the appearance of the rash, but a skin [biopsy](#) may be necessary to confirm it. Grover's disease has a characteristic appearance under the microscope with acantholysis (separated skin cells) with or without dyskeratosis (abnormal rounded skin cells).

How long does it last?

Most cases of Grover's disease last six to twelve months. Occasionally it may persist for longer, or come and go, often with a seasonal variation.

Treatment

There is no curative treatment for Grover's disease, but the following suggestions may be helpful.

- Remain cool, as sweating may induce more itchy spots. Apply diphehanil methylsulfate powder (Prantal™)
- Apply a mild [topical steroid](#) such as hydrocortisone in a cool lotion. It can be applied frequently to the affected areas to relieve itching.
- [Moisturising creams](#) or antipruritic lotions containing menthol and camphor may also help.
- [Calcipotriol cream](#) has been reported to be of benefit.
- A course of [tetracycline](#) or an oral antifungal medication such as [itraconazole](#) helps some patients.
- [Phototherapy](#) can be helpful, but may also provoke the disease.
- Experimentally, oral retinoids such as [acitretin](#) or [isotretinoin](#) have been reported to be helpful. However, they have important side effects and are not necessary for mild cases.

Related information

On DermNet NZ

- [Scaly skin conditions](#)

Other websites:

- [Transient Acantholytic Dermatitis](#) – emedicine dermatology, the online textbook

Books about skin diseases:

See the [DermNet NZ bookstore](#)

DermNet does not provide an on-line consultation service.

If you have any concerns with your skin or its treatment, see a [dermatologist](#) for advice.

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