

in patients after stroke has also been demonstrated (5). Furthermore, we think that the psychological benefit for patients from the perceived sensation of electrical pulses in the affected area of the foot should not be underestimated. However, one should explain to the patients that these devices are unlikely to improve the actual paralysis and thus do not represent a viable alternative to other causal treatments, if any are available in the individual case. Furthermore, TENS is no substitute for active physiotherapy which includes joint mobility and training of compensatory movements. TENS should be distinguished from direct nerve stimulation, the technique mentioned by A. Winkelmann and A. Bitsch. The method exploits the integrity of the peripheral nerve in patients with central foot drop and its beneficial effects have been demonstrated. As mentioned above, currently this treatment is hampered by its prohibitively high costs.

Given the numerous inquiries of readers—many thanks for these—here some additional information about tendon transfer techniques: The most important prerequisite for successful tendon transfer surgery is that the paresis is limited to the area innervated by the common fibular nerve, i.e. that only the tibialis anterior muscle and the peroneal muscles are affected. Patients with polyradicular lesions and advanced polyneuropathies typically do not meet this criterion. In addition, patients should not have severe pes planovalgus deformity, because in these patients

the tibialis posterior muscle, which is used for the transfer, is an important stabilizer of the inner arch of the foot. In such cases, tendon transfer surgery can be combined with subtalar arthrodesis. If these factors are taken into account when making the decision to operate, the patients' quality of life can be significantly improved by the procedure. DOI: 10.3238/arztebl.2019.0643c

References

1. Carolus AE, Becker M, Cuny J, Smektala R, Schmieder K, Brenke C: The interdisciplinary management of foot drop. *Dtsch Arztebl Int* 2019; 116: 347–54.
2. Rajabally YA, Narasimhan M: Electrophysiological entrapment syndromes in chronic inflammatory demyelinating polyneuropathy. *Muscle Nerve* 2011; 44: 444–7.
3. Tanaka M, Nakanishi R, Murakami S, et al.: Effectiveness of daily eccentric contractions induced via kilohertz frequency transcutaneous electrical stimulation on muscle atrophy. *Acta Histochem* 2016; 118: 56–62.
4. Lin S, Sun Q, Wang H, Xie G: Influence of transcutaneous electrical nerve stimulation on spasticity, balance, and walking speed in stroke patients: A systematic review and meta-analysis. *J Rehabil Med* 2018; 50: 3–7.
5. Poulsen JB, Møller K, Jensen CV, Weisdorf S, Kehlet H, Perner A: Effect of transcutaneous electrical muscle stimulation on muscle volume in patients with septic shock. *Crit Care Med* 2011; 39: 456–61.

Corresponding author
Dr. med. Anne Elisabeth Carolus
 Klinik für Neurochirurgie
 Universitätsklinik Knappschaftskrankenhaus, Bochum, Germany
 AnneElisabeth.Carolus@kk-bochum.de

Conflict of interest statement
 The authors of all contributions declare that no conflict of interest exists.

CLINICAL SNAPSHOT



Maculopapular erythema, particularly pronounced over the abdomen in the area of the stretch marks (wide arrow), with slightly less reddening around the navel (narrow arrow), target-like (>) and vesicular foci (>>) on the extremities

Pronounced Polymorphic Eruption of Pregnancy in a Primipara

A 38-year-old primipara presented in the 36th week of gestation with strongly itchy maculopapular erythema that was particularly pronounced over the abdomen in the area of the stretch marks, with less reddening around the navel. Target-like and vesicular foci were present on the extremities. Taken together, the skin findings, the absence of relevant medications in the patient's medical history, and the lack of potential differential diagnoses (herpes simplex virus polymerase chain reaction [PCR], varicella zoster virus PCR, histology, direct and indirect immunofluorescence) indicated the diagnosis of polymorphic eruption of pregnancy (or PUPPP, pruritic urticarial papules and plaques of pregnancy). The healthy newborn had no cutaneous abnormalities. The mother's erythema regressed completely when treated with topical antipruritics and medium-strength glucocorticoids. PUPPP is a common (incidence 1 : 200) self-limiting form of dermatosis that occurs most frequently in the final weeks of pregnancy or post partum (15 %). The individual risk factors include first pregnancy, multiple gestation, and excessive maternal weight gain. In pregnant women with pruritus the following differential diagnoses have to be ruled out: atopic gestational dermatosis, intrahepatic gestational cholestasis, gestational pemphigoid, and unspecific dermatoses of pregnancy (cutaneous drug reactions, viral exanthema).

Dr. med. Maria Isabel Schmidgen, Dr. med. Beate Weidenthaler-Barth, Hautklinik und Poliklinik, Universitätsmedizin Mainz, maria_isabel.schmidgen@unimedizin-mainz.de

Prof. Dr. med. Kerstin Steinbrink, Klinik für Dermatologie, Universitätsklinikum Münster

Conflict of interest statement: The authors declare that no conflict of interest exists.

Translated from the original German by David Roseveare.

Cite this as: Schmidgen MI, Steinbrink K, Weidenthaler-Barth B: Pronounced polymorphic eruption of pregnancy in a primipara. *Dtsch Arztebl Int* 2019; 116: 644. DOI: 10.3238/arztebl.2019.0644