

A 34-year-old woman, 1 week postpartum, presented to our dermatology clinic with an intensely pruritic generalized rash.

Two days after delivery of her child, the patient developed an itchy rash on the abdomen.

On discharge, she was instructed to follow up with the dermatology department if the rash did not resolve.

After leaving the hospital, she reported that the eruption had progressively spread to the buttocks and legs and the itching seemed to be worse.

The patient's prenatal course was uneventful.

She gained 13 kg during pregnancy, with a prepregnancy weight of 72 kg.

A healthy male neonate was delivered by caesarean section at 38 weeks' gestation without complication.

The patient's medical history was unremarkable.

She was currently not taking any medications, and she reported no known drug allergies.

On physical examination, the patient was afebrile and her blood pressure was normal.

Examination of the skin revealed erythematous papules and urticarial plaques involving the abdominal striae with periumbilical sparing.

Similar lesions were noted on the legs and buttocks (Fig.1a).

The face, palms, and soles were uninvolved.

No vesicles or pustules were noted.

Based on the characteristic clinical presentation and disease course, she was diagnosed with PUPPP.

She was informed of the safety profile and potential benefits of medications but remained reluctant to use medications during lactation, despite her severe symptoms.

AWB injection was then considered for her treatment.

Venous blood of 10 mL was drawn from the patient, followed by intramuscular injection of 5 mL of the blood on each side of her buttock.

Seven days later, both subjective and objective improvements of symptoms were noticed and she received 1 more session of AWP injection (Fig.1b).

On follow-up after 12 days, all subjective symptoms had improved, leaving only postinflammatory hyperpigmentation (Fig.1c).

No complications such as infection, abscess formation, or hematoma were observed at the injection site.