CONDITION

Transient acantholytic dermatosis

Transient acantholytic dermatosis is an itchy rash caused by temporary weakening of connections between skin cells.

WHAT IT IS
Itchy rash from weakened connections between skin cells

BODY SYSTEM
Skin

MAIN SYMPTOMS
Itchy bumps, red spots, crusting, small blisters

WHAT CAUSES IT
Unknown; heat and sweating may trigger flares

HOW IT IS DIAGNOSED
Skin examination and biopsy when needed

MAIN TREATMENT
Skin care, topical anti-inflammatory and itch treatments

CAN IT BE CURED?
Sometimes - often clears, may recur

IS IT AN EMERGENCY?
No, unless severe skin infection develops

LONG-TERM OUTLOOK
Often improves but may return for years

Overview

Transient acantholytic dermatosis is an itchy skin condition, also called Grover's disease. It usually causes small red, pink, or brown bumps on the chest, back, or upper abdomen. Some bumps contain a tiny blister or develop a crust.

"Acantholytic" means that some cells in the outer layer of skin have lost their normal connections to one another. This change can be seen under a microscope in a small skin sample.

Despite the word "transient," the condition is not always brief. It may settle within weeks or months, remain active for longer, or come and go over several years. The name comes from early descriptions of the condition and does not predict how long an individual's symptoms will last.

Transient acantholytic dermatosis is not contagious. It is not caused by poor hygiene, and it cannot be passed through touching, sharing towels, or sexual contact. It is also not a form of skin cancer.

The condition matters mainly because the itching can be intense. It may disturb sleep, affect concentration, and make exercise or warm weather uncomfortable. Treatment aims to calm the rash, reduce itching, and limit further irritation while the skin recovers.

Symptoms

The rash most often affects the central chest, upper back, sides of the trunk, or upper abdomen. It usually does not cover the whole body. The face, palms, and soles are generally unaffected, although individual patterns can differ.

Common features include:

The bumps may occur in scattered groups rather than forming one solid patch. They can be easier to feel than to see. Their colour may be less obvious on brown or black skin, where redness can appear purple, grey, or darker than the surrounding skin.

Heat and sweating often make the itching more noticeable. Some people first develop symptoms during hot weather, after strenuous activity, or while spending long periods in bed. Others notice no clear trigger.

A rash with a similar appearance can have many other causes. These include eczema, inflamed hair follicles, heat rash, contact dermatitis, scabies, and reactions to medicines. The appearance alone is not always enough to identify transient acantholytic dermatosis.

- Small, firm red, pink, or brown bumps
- Tiny fluid-filled blisters or crusted spots
- Itching, burning, or a prickling sensation
- Scratch marks and irritated skin around the bumps

Causes and risk factors

The exact cause is unknown. The condition appears to involve temporary damage to the structures that hold skin cells together. This results in acantholysis, or separation of those cells.

Heat and sweating are common triggers, but they do not fully explain the condition. Some

people develop it in cool weather or without sweating. Very dry skin and previous sun damage may also make the outer skin layer more vulnerable.

Transient acantholytic dermatosis is seen most often in middle-aged and older adults, particularly men with lighter skin. However, it can affect people of any sex or skin colour.

Reported risk factors or triggers include:

These are associations, not proof that any one factor caused the rash. Many affected people are otherwise well and have no clear trigger.

If the rash began after starting a medicine, do not stop that medicine on your own. A healthcare professional can assess whether the timing and type of rash suggest a drug reaction.

- Hot, humid conditions and heavy sweating
- Dry skin
- Long periods of bed rest or hospital admission
- Extensive exposure to sunlight over many years
- Certain medicines, including some cancer treatments
- Reduced immune function or serious underlying illness

Diagnosis

A clinician may suspect transient acantholytic dermatosis from the position and appearance of the rash, its symptoms, and your medical history. They may ask when it began, whether heat makes it worse, and whether you recently started any medicines.

A skin biopsy can confirm the characteristic changes. During a biopsy, the area is numbed with local anaesthetic and a very small piece of skin is removed. A laboratory specialist then examines it under a microscope. The sample may show separated skin cells and abnormal formation of keratin, the tough protein in the outer skin layer.

The microscopic changes can be patchy, so a biopsy does not always capture them. A clinician may reconsider the diagnosis or occasionally take another sample if the rash continues but the first result is unclear.

Blood tests do not confirm transient acantholytic dermatosis. They may be used only when symptoms or medical history suggest another condition. Tests for allergy are not routinely needed unless contact dermatitis is a possible explanation.

Treatment and management

Treatment is based on how widespread the rash is and how much the itching affects you. Mild cases may improve with cooling measures, moisturiser, and avoiding skin irritation.

Helpful skin-care measures may include:

Hot showers may worsen itching. Shorter showers with lukewarm water are often more comfortable. Pat the skin dry rather than rubbing it.

A clinician may recommend a topical corticosteroid, which is an anti-inflammatory medicine applied to the skin. The strength and length of use depend on the body area and severity of the rash. Using stronger products too often can thin the skin, so follow the instructions provided.

Cooling lotions or anti-itch preparations may also help. Oral antihistamines sometimes reduce night-time scratching or help with sleep, although they may not fully control this type of itch. Some can cause drowsiness.

If standard topical treatment is unsuitable, a non-steroid anti-inflammatory cream may be considered. More persistent or extensive disease may be managed by a dermatologist using light therapy or medicines taken by mouth, such as a retinoid. These treatments require medical supervision because they can cause significant side effects and are not appropriate for everyone.

Treatment can control an episode, but it may not prevent another one. Persistent symptoms should be reviewed rather than repeatedly treated without reassessment, because several other skin conditions can look similar.

- Keeping the skin cool and limiting heavy sweating when practical
- Wearing loose, breathable clothing
- Using a gentle, fragrance-free cleanser
- Applying an unperfumed moisturiser regularly
- Avoiding scratching and keeping fingernails short
- Using cool compresses for brief relief

Complications

Transient acantholytic dermatosis does not usually damage internal organs or develop into cancer. Its main complications come from itching, scratching, or treatment.

Repeated scratching can break the skin. This may lead to bleeding, crusting, or a bacterial skin

infection. Warning signs include increasing pain, warmth, swelling, pus, or redness that spreads beyond the original bumps.

After the rash settles, temporary lighter or darker marks may remain. These colour changes are more noticeable in some skin tones and can take months to fade. Permanent scarring is uncommon unless there has been deep scratching or infection.

Ongoing itching may disturb sleep and affect mood or daily activities. Long-term or repeated use of some treatments can also cause problems, such as skin thinning from topical corticosteroids. Follow-up allows treatment to be adjusted if side effects develop.

Prevention

There is no proven way to prevent transient acantholytic dermatosis because its underlying cause is not known. It is not caused by something you failed to do.

If heat or sweating clearly triggers your rash, reducing those exposures may lower the chance of a flare. Air conditioning, fans, breathable clothing, and breaks during exercise may help. Regular moisturiser can support dry skin, although it cannot guarantee that the condition will not return.

Sun protection is sensible for general skin health, particularly if you have sun-damaged skin. It has not been shown to prevent every episode of this condition.

A medicine associated with the rash should only be changed after medical review. Sometimes the medicine is essential, or another cause of the rash is more likely.

Living with it and what to expect

Some episodes fade within several weeks or months. Others continue longer, and new groups of bumps may appear as older ones settle. A smaller number of people have recurrent or persistent symptoms over years.

The course can be unpredictable. A previous episode does not show exactly how long the next one will last. Warm seasons may be more difficult if sweating is a trigger, while some people have symptoms throughout the year.

Most people can continue their usual activities. You may need to adjust exercise, clothing, room temperature, or shower habits during a flare. Swimming may be comfortable for some people, but chlorine or prolonged wetness can irritate others. Rinsing afterward and applying moisturiser may help.

Keeping a brief record of flares can reveal useful patterns. Note changes in weather, exercise, sweating, skin products, and medicines. This does not always identify a cause, but it can help you avoid personal triggers without placing unnecessary restrictions on daily life.

Routine follow-up is appropriate if treatment is not controlling the itch, the rash is spreading, or episodes keep returning. A dermatologist can review the diagnosis and discuss options for longer-lasting disease.

When to get medical help

Arrange a routine medical appointment for a new, unexplained rash that persists, repeatedly returns, or interferes with sleep. Seek review if an existing diagnosis no longer fits the pattern or treatment has stopped working.

Ask for prompt medical advice if:

Seek emergency care if a rash occurs with difficulty breathing, swelling of the face or tongue, faintness, or confusion. Fever with rapidly spreading, painful redness also needs urgent assessment. These features are not typical of uncomplicated transient acantholytic dermatosis and may indicate a serious allergic reaction or infection.

- The skin becomes increasingly painful, hot, swollen, or produces pus
- The rash spreads quickly or develops large blisters
- You develop a rash soon after starting a new medicine
- The rash involves your eyes, mouth, or genitals
- You have reduced immune function and develop worsening skin symptoms

Common questions

Is Grover's disease contagious?

No. It is not an infection and cannot spread through skin contact, clothing, bedding, towels, or sexual activity.

Is Grover's disease cancer?

No. It is a skin-cell connection disorder, not skin cancer. Some cases have occurred in people receiving cancer treatment or living with other serious illnesses, but this does not mean the rash is cancerous.

How long does transient acantholytic dermatosis last?

Some episodes settle within weeks or months. Others last longer or return repeatedly. The word "transient" does not guarantee a short episode.

Does sweating make Grover's disease worse?

It can. Heat, sweating, and friction are common triggers, although not everyone notices this link. Keeping cool may ease symptoms but does not remove the underlying tendency.

Can I shower if I have Grover's disease?

Yes. Lukewarm water, a gentle fragrance-free cleanser, and short showers are less likely to aggravate itching than hot water or vigorous scrubbing. Applying moisturiser afterward may reduce dryness.

Will the rash leave scars?

Scarring is uncommon. Scratching, picking, or infection increases the risk. Flat lighter or darker marks may remain after the bumps heal, but these often fade gradually.

Sources

- British Association of Dermatologists - Grover disease patient information leaflet
- DermNet - Transient acantholytic dermatosis
- Weaver J, Bergfeld WF. Grover disease (transient acantholytic dermatosis). Archives of Pathology & Laboratory Medicine . 2009;133(9):1490-1494.
- Parsons JM. Transient acantholytic dermatosis (Grover's disease): a global perspective. Journal of the American Academy of Dermatology . 1996;35(5 Pt 1):653-666.