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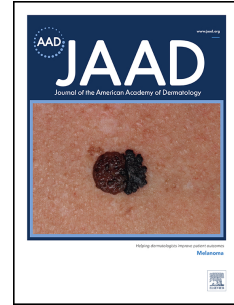
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Broadspectrum Abnormal Localised Photosensitivity Syndrome

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Dear Editor,

In recent years we have been increasingly aware of patients presenting with severe abnormal photosensitivity recurrently affecting fixed and limited areas, which can be provoked at these sites through phototesting. Monochromator phototesting has shown severely abnormal photosensitivity across a broadspectrum of wavebands but only at affected sites. We have thus coined the term Broadspectrum Abnormal Localised Photosensitivity Syndrome (BALPS) as a more accurate name. We have since realized this condition has been described in the past and termed 'fixed sunlight sensitivity'(FSS). We hope our suggested new diagnostic term better describes the clinical and photobiological features of this condition and should lead to increased recognition. We retrospectively studied 10 cases of BALPS seen through three specialist photodiagnostic units over a seven-year period in order to investigate their clinical characteristics, photodiagnostic investigations and histopathological findings to enable phenotyping of this patient cohort(**extended methods, see supplement**).

Eight of 10 patients were female. Mean age of onset was 37 years with mean time to presentation eight years following symptom onset. Limbs were a commonly affected site. Clinical features included erythema, oedema, blistering, intense burning sensation and pruritus(**see Table 1 and supplement for further clinical features**). Phototesting(**detailed phototesting, Table 1**) showed broad-spectrum sensitivity at the affected sites with either normal or markedly less sensitivity noted at sites adjacent to these areas or at unaffected sites at 24 hours post irradiation(**figure 1**). Common histopathologic findings were of epidermal spongiosis with lymphocyte exocytosis, mild dermal oedema and perivascular chronic lymphocytic infiltrates(**extended histopathology, see supplement**).

'Fixed sunlight sensitivity'(FSS) was first reported in 1975 by Emmet, describing a case of itchy, erythematous papular rash localised to sun-exposed sites on the face, reproduced by photoprovocation with longwave ultraviolet light¹. Since then a handful of reports detail a similar clinical pattern, where triggers including food and drugs excluded and only sunlight remaining²⁻⁴. Emmett noted the difficulty in classifying this condition as it shares various characteristics with well recognised photodermatoses. One suggestion is to consider this as a localised form of CAD, given some similarities in phototesting and histopathology. However, typical photodistributed sites were not involved in our patients and only reproducible bizarrely localised sites were affected. In one of our patients UVA alone appeared to trigger the eruption, suggesting similarities to polymorphic light eruption, however, the clinical features did not correlate.

BALPS is also akin to a fixed drug eruption (FDE) given the localised recurrent nature, hence the term FSS used in the literature. In contrast to FDE we have not noted hyperpigmentation, nor could we incriminate any culprit drugs. Immunological memory is thought to be the pathogenesis implicated in FDE, with CD8+ T cells residing along the basement membrane primed and reactivated when reintroduced to the offending medication⁵.

There may be a shared underlying pathogenesis in the form of a currently unidentified chromophore depositing in the skin of these patients, which absorbs the relevant wavelengths required to trigger a localised reaction. Due to the similar yet varied presentation of these cases, we wished to group them within this diagnostic entity of BALPS. We report on this diagnostic entity in order to raise awareness and facilitate identification of this fascinating patient cohort.

Figure 1

BALPS. Localised and fixed photosensitivity, only affecting right lower leg, with other sites unaffected. Monochromator phototesting on affected sites showed abnormal delayed erythema in UVB and UVA wavebands, 24 h after irradiation. UVA provocation testing on the affected site was markedly abnormal (grade 3 erythema) at 5J/cm². (Case 4, see supplement for further photos, Fig S1)

Patient	Age/ Gender/Skin Type [^]	Site	Time to onset/ clearance	Clinical features	Monochromator Non-affected site	Monochromator Affected site	UVA provocation Non-affected	UVA provocation affected	Management	Follow up
1	64/M/III	Right knee and right 5 th finger, left forearm & lateral wrist	Hours/3-4 weeks	Erythema, oedema, tense yellow fluid filled blisters, desquamation and hypopigmentation	Back & left knee: Normal ^{&}	Right knee: UVA/visible sensitivity (365- 460nm)	20 Jcm ⁻² negative	Left forearm 20 Jcm ⁻² grade 3 erythema	Photoprotection* Prophylactic narrowband UVB, "Psoracomb" device	Subjective: Improvement Objective: Improved, repeat testing showed only sensitivity at 365nm and lesser degree.
2	14/F/II	Thighs	2 days/ 2 weeks	Erythema, pruritus, oedema	Back: Normal ^{&}	Thigh: Normal ^{&}	Forearm: 20 Jcm ⁻² brown pigment (Normal)	Posterior thigh 20 Jcm ⁻² grade 3 erythema	Photoprotection* Prophylactic narrowband UVB	Subjective: Improvement Objective: Worsened, 5 Jcm ⁻² UVA grade 3 erythema + papules
3	43/F/II	Axilla, groins & abdomen	Few hours/24 hours	Erythema, oedema, blistering, 'burning' sensation	Back: Normal ^{&}	Inner thigh: UVB/UVA sensitivity (305-365nm)	Right front thigh: 10 Jcm ⁻² Negative	Right inner thigh: 5 Jcm ⁻² grade 3 erythema	Photoprotection* Prophylactic UVA1	Subjective: Improvement Objective: No change, repeat phototesting remained the same.
4	52/M/II	Right shin	Hours/2 days	Erythema, pruritus, blistering	Left shin: Normal ^{&}	Right shin: UVB/UVA sensitivity (305-365 nm)	Left shin: 5 Jcm ⁻² Negative	Right shin: 5 Jcm ⁻² grade 3 erythema	Photoprotection* Clobetasol propionate 0.05%	Subjective: Improvement Objective: No change, repeat phototesting remained the same.
5	50/F/II	Anterior & medial thighs	1-2 days/6 weeks	Erythema, pruritus, unilocular blistering	Back: Borderline at 305-400 nm	Thighs: UVB/UVA/visible greater sensitivity (305-400 nm)	Back: 5 Jcm ⁻² grade 3 erythema with papules	Right inner thigh: 5 Jcm ⁻² grade 4 response	Photoprotection* Clobetasol propionate 0.05%	Subjective: Improvement with sunscreen

									Right outer thigh: 5 Jcm ⁻² grade 3 erythema	Objective: No change, repeat phototesting remained the same.
6	37/F/IV	Buttocks & thighs	1 day/3-4 days	Burning sensation, macular erythema/purple discolouration	Back: Borderline at 335 nm	Thighs: UVB/UVA/visible sensitivity (305-400nm)	Not done	Not done	Photoprotection*	Further Investigation and follow up suspended due to Coronavirus pandemic
7	50/F/II	Buttocks, thighs, flanks below axillae	30 mins/2 weeks	Pruritus, erythema, burning sensation, urticated papules, resolves with purpuric change	Back: Normal ^{&}	Buttock: UVB/UVA sensitivity (305, 365 nm)	Not done	Buttock: 10Jcm ⁻² grade 3 erythema	Photoprotection* Prophylactic narrowband UVB, "Psoracomb" device – not tolerated Tacrolimus 0.1% Methotrexate 10mg weekly	Follow up suspended due to Coronavirus pandemic
8	56/F/II	Legs, back of thighs, knees, abdomen	unknown/2-3 weeks	Erythema, papules, blistering,	Back: Normal ^{&}	Thigh: UVB/UVA/visible sensitivity (305-400nm)	Forearm: 10Jcm ⁻² grade 1 erythema Back: 10Jcm ⁻² grade 2 erythema and papules	Thigh: 10Jcm ⁻² grade 3 erythema	Methotrexate 25mg once weekly + IM glucocorticoid injection for alternative condition Photoprotection*	Did not attend
9	31/F/II	Right buttock, inner thighs	2-3 days/4 weeks	Pruritus, erythema, burning sensation, oedema	Back: Normal ^{&}	Buttock: UVB/UVA sensitivity (305-340 nm)	Not done	Not done	Photoprotection* Clobetasol propionate 0.05%	Subjective: Improvement
10	52/F/II	Left buttock	18 hours/7 days	Erythema, desquamation	Back: minor UVB/UVA sensitivity (300-320 nm)	Left buttock: UVB/UVA/visible sensitivity (300-400 nm)	Not done	Not done	Photoprotection* Clobetasol propionate 0.05%	Subjective: Improvement

Table 1. Clinical features and phototesting results of patients with BALPS. [&]Within population reference range. *Photoprotection advice includes behavioural modification, environmental, clothing & topical sunscreen. [^]Fitzpatrick skin phototype.

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