



ATOPIC ECZEMA/DERMATITIS

SEVERE ATOPIC DERMATITIS: BEWARE A TRAIN CAN HIDE ANOTHER!

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Introduction: Atopic dermatitis (AD) is an inflammatory dermatitis resulting from both genetic predispositions and environmental factors. We report the case of a child with severe AD showing a food allergy (AA) associated with contact sensitization and celiac disease (CD).

Observation: A 2-year-old infant, followed to our consultation for severe AD since the age of 18 months, came to our clinic for a new outbreak of his illness. On dermatological examination, generalized eczematous lesions were found. The SCORAD was at 70. Seeing the severity of this AD, patch tests with the standard European battery and the child's products were made. They were positive for chromium and 2 emollients so the evolution was favorable after their eviction. A few months later, he presented a severe attack (SCORAD at 56) with marked lesions of the eyelids associated with stature-weight stagnation. Biological investigations revealed a malabsorption syndrome. An AA was suspected. Specific IgE was positive to white and egg yolk. Celiac serology was positive. Thus, a gluten-free diet with eviction of the egg was proposed. The evolution was good clinically and biologically. Currently, the child is in complete remission.

Discussion: Our patient has severe AD associated with AA, contact sensitization and MC. Indeed, AA is often described in atopic children, with an average of 35%, it must be suspected in an atopic child who continues to make outbreaks without triggering factor especially in the presence of palpebral eczematiform lesions. Our patient also had contact sensitization. The frequency of the latter, during the AD, varies from 15 to 52% of cases. Finally, our patient had an MC that is an autoimmune disease 4 times more common in atopic children than in control children. Moreover, the MC is often asymptomatic and can be manifested only by an aggravation of eczema lesions as the case of our patient.

