INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

GANOTTI-CROSTI SYNDROME ASSOCIATED WITH HEPATITIS B: ADULT CASE

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Introduction: Gianotti-Crosti syndrome or infantile papular acrodermatitis is a viral-associated infection that can occurs with hepatitis B or EBV infection. We report the rare case of Gianotti-Crosti syndrome in an adult.

Observation: A healthy 28-year-old male patient presented to our department with a pruritic papular exanthema of one-week duration, on the neck and dorsal aspect of his hands, forearms and knees. He reported about a flu syndrome that developed the week before.
On examination, we observed a photo skin type IV according to Fitzpatrick, and umbilicated pale pearly papules spread on the neck, hands, forearms and knees.
Laboratory test revealed slight alanine aminotransaminase elevation and serology tests demonstrated antibodies against hepatitis B virus. Histology of skin biopsy specimens showed a focal parakeratosis and epidermal spongiosis, papillary dermal edema and perivascular lymphocytic inflammatory infiltrate in the superficial dermis.
The clinical and histologic correlation was consistent with GCS in an adult, symptoms disappeared within 3 weeks and no treatment was therefore required.

Key message: This report describes a GCS exanthema in adult male patient with coexistent hepatitis B infection.
Adult cases of GCS, or GCS-like exanthemas, are uncommonly reported. Ferdinando Gianotti in 1955 and Agostino Crosti first reported this self-limiting eruption as a monomorphous erythematous rash primarily affecting children between 2 and 6 years of age.
Hepatitic cytolysis might be caused by hepatitis B infection as reported in our case. Lesional histopathology is non-specific and variable, it demonstrate vesicular dermatitis with perivascular lymphocytic infiltrate.
A search of the literature revealed 15 cases almost exclusively in women, with only five of these occurring in male patients. Clinicians should keep GCS in their differential diagnosis when examining adult patients. The course of GCS is benign with spontaneous resolution, and the lesions heal without scarring over 10 to 60 days.