



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

STREPTOCOCCAL ANITIS OF UNUSUAL PRESENTATION

S Salim⁽¹⁾ - J Bouhellab⁽¹⁾ - B Hassam⁽¹⁾

Ibn Sina University Hospital, Dermatology And Venereology Department, Rabat, Morocco⁽¹⁾

Background: Bacterial anitis is a common infection in children. The most frequent cause of the germ is streptococcus beta hemolytic A. We report a particular case of streptococcal anitis presenting as a chronic intertrigo.

Observation: We report a case of a 7-year-old boy, with no significant pathological history (atopic dermatitis, psoriasis, other dermatosis affecting folds or digestive disorders). Who consulted for an erythema plus a sensation of burning, tingling in the perianal area evolving for 10 weeks in a context of apyrexia and good general statement. Clinical examination found a bright red intertrigo, well limited, with regular edges, without fissures nor whitish coating nor satellite lesions. Microbiological study objectified a streptococcus beta hemolytic A. A treatment by 50000 IU / kg / day of penicillin V for 3 weeks was instituted, and good improvement has been noted.

Key message: Streptococcal or staphylococcal anitis is common in children under 10 years with male predominance. The most common causative bacteria is streptococcus beta hemolytic A. Transmission comes usually from another primary cutaneous or pharyngeal site. Clinically, it presents as a bright red plate, well limited, perianal, most often itchy, associated in half of cases with rectal pain and in a third of cases with bloody stools. As in our patient, the diagnosis is often confused with a mycotic intertrigo, fold psoriasis, allergic or irritative contact dermatitis, anitis on oxyurosis or periorificial manifestations of inflammatory bowel disease. In case of doubt, a microbiological study is necessary for diagnosis. The treatment is based on oral antibiotic therapy with penicillin V at 50000 IU / kg / day or amoxicillin+ clavulanic acid at 50 mg / kg / day. Treatment should be early instituted and prolonged enough for 2 to 3 weeks to limit the risk of secondary morbidities and avoid relapse.

