ABSTRACT BOOK ABSTRACTS



A new ERA for global Dermatology 10 - 15 JUNE 2019 MILAN, ITALY

INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

OFUJI DISEASE IN A NON-ASIAN PATIENT: CASE REPORT OF AN UNUSUAL LOCALIZATION

S Sialiti⁽¹⁾ - A Khairi⁽²⁾ - M Meziane⁽¹⁾ - N Ismaili⁽¹⁾ - L Benzekri⁽¹⁾ - K Senouci⁽¹⁾ - B Hassam⁽¹⁾

Ibn Sina Hospital, Department Of Dermatology-venereology, Ibn Sina University Hospital, Rabat, Morocco⁽¹⁾ - Ibn Sina Hospital, Plastic And Reconstructive Surgery Department ,ibn Sina University Hospital, Rabat, Morocco⁽²⁾

Background: Eosinophilic pustular folliculitis or Ofuji disease is a rare inflammatory dermatosis of unknown etiology. This entity has rarely been described outside of Japan. We report a case of a non-Asian immunocompetent patient with an unusual localization.

Observation: A 18 years old patient with a history of left mastectomy for naevoid keratosis presented to our department; he has had pruriginous papulo-pustules since one year on his surgical scar and at the extremities without any other signs.

The lesions were resistant to local antifungals and the examination revealed follicular papulopustules on many sites.

Complementary exams showed an eosinophilia at 940e/mm3, sterile mycological and bacteriological specimens, negative retroviral serology and elevated total IgE.

Histopathology revealed spongiosis and eosinophilic perifollicular inflammatory infiltration that confirm the diagnosis.

Because of his allergy to NSAIDs, our patient received 100mg / d of Dapsone. Evolution was a total whitening of lesions and delayed healing of the surgical scar.

Key message: We report a new observation of Ofuji disease occurring on an unusual localization in a Non-Asian Patient.

It comes with pruriginous papulo-pustules sitting on the face, back and trunk.

Histopathology is of paramount importance, describing infundibular spongiosis, a dermal inflammatory infiltrate with perifollicular eosinophils.

The pathophysiology remains unknown. Some hypotheses suggest drug hypersensitivity or immunological alteration inducing increased secretion of eosinophils.

In our case, we could incriminate a Koebner phenomenon in the maintain of these lesions.

Indomethacin is the reference treatment. In case of allergy to NSAIDs, Dapsone is good alternative which effectiveness has been reported by several teams; however, the resistance of old scars can be explained by deeper eosinophilic infiltration due to the alteration of the skin surface.





