



INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

PETALOID SEBORRHEIC DERMATITIS OF THE FACE

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Background-Observations: A 36-year-old Ecuadorian, mestizo woman, presented to our Dermatologic Center with a number of annular, geographic plaques that appeared on her face 2 weeks prior to her visit. These plaques were confluent, with a raised, erythematous, scaly border and a pale pink center. Her lesions were mildly itchy and were primarily located on her cheeks and chin. No other lesions were found on the trunk or the extremities. She denied similar previous episodes and her past medical history was unremarkable. She had tried topical antifungals preparations without results.

A KOH preparation and a biopsy was performed to rule out tinea faciei, atypical seborrheic dermatitis and discoid lupus. She was prescribed mometasone cream to apply on her lesions, until her follow up appointment.

One week later, her lesions had notably improved. KOH preparation ruled out tinea. Biopsy findings were suggestive of seborrheic dermatitis.

On the basis of clinical, laboratory and histologic findings, a diagnosis of annular or petaloid seborrheic dermatitis was made. A pulse of oral itraconazole was added to her treatment and after 15 days her lesions had completely cleared.

Key message: Although seborrheic dermatitis is a very frequent dermatosis, we present this case to familiarize clinicians with this unusual variant of this common condition, that can mimic other more severe dermatoses.

