



PAEDIATRIC DERMATOLOGY

AMICROBIAL PUSTULOSIS OF THE FOLDS IN PEDIATRIC PATIENTS: REPORT OF 2 CASES AND LITERATURE REVIEW

E Alba-rojas⁽¹⁾ - M Saez De Ocariz-gutierrez⁽¹⁾

National Institute Of Pediatrics, Pediatric Dermatology, Mexico City, Mexico⁽¹⁾

Background: Amicrobial pustulosis of the folds (APF) is an uncommon disease (69 published cases) classified among the neutrophilic dermatoses. It presents as a pustular eruption on the main skin folds. It frequently follows autoimmune disease (mainly lupus) but in some cases, APF can precede the diagnosis, even by years.

APF mainly affects young women, and just a few pediatric cases have been reported. We here present two pediatric cases.

Observation: Case 1. A 14-year-old girl with SLE, treated with Prednisone, Mycophenolate and Hydroxichloroquine presented with a pustular eruption of acute onset. It affected the scalp and skin folds.

Case 2. A 13-year-old girl with Sjögren syndrome, treated with Hydroxichloroquine came for consultation. She had multiple erythematous scaly plaques with small pustules on the periphery affecting the skin folds and genital region.

Skin biopsy on both cases showed subcorneal pustules and a dermal infiltrate of neutrophils and lymphocytes. PAS stain and cultures were negative. The diagnosis of APF was established, and both girls received Prednisone. There was lesion clearance by 3 weeks and 1 month, respectively.

Additionally, we found 6 previously published pediatric patients, all of them girls. Several autoimmune diseases have been associated (most commonly lupus). Interestingly, three patients have positive autoantibodies but still no autoimmune disease diagnosed. Similar to adults, oral Prednisone is the most common treatment, either alone or with steroid-sparing agents.

Key Message: APF is an uncommon disease, especially in the pediatric population (13% of all cases). The diagnosis is mainly clinical and other laboratory and histological findings are confirmatory. It must be included in the differential diagnosis of pustular eruptions that affect the skin folds, especially in patients with autoimmune diseases. However, clinicians should maintain a high index of suspicion and have a long-term follow up because this eruption can precede an autoimmune disease by years.

