



PAEDIATRIC DERMATOLOGY

EFFICACY OF GRISEOFULVIN IN IDIOPATHIC FACIAL ASEPTIC GRANULOMA : DOES IT IMPLY A FUNGAL ORIGIN?

O Magdoud⁽¹⁾ - H Hammami⁽¹⁾ - W El Abdelli⁽¹⁾ - A Zaouak⁽¹⁾ - W Koubaa⁽²⁾ - S Fenniche⁽¹⁾

Habib Thameur Hospital, Dermatology Department, Tunis, Tunisia⁽¹⁾ - Habib Thameur Hospital, Pathology Department, Tunis, Tunisia⁽²⁾

Background: Idiopathic facial aseptic granuloma (IFAG) usually presents in young children with painless red-to-violaceous facial nodule, commonly on the cheek. The lesion typically has a prolonged course over several months with spontaneous resolution or response to appropriate oral antibiotics. The etiology is largely unknown, and there are no particular predisposing factors or clinical features to rely on. The challenge is to diagnose this entity correctly, ideally based on clinical acumen, to avoid surgical intervention and the resultant scarring. Recent literature speculates that it is related to childhood rosacea because lesions are often observed with concurrent eyelid chalazia. We present a case of IFAG that responded well to griseofulvin.

Observation: A 2-year-old boy presented to our dermatology department with a 10 months history of a 2- by 1-cm nontender, superficial, subcutaneous, slightly fluctuant, well-demarcated, transparent-appearing cystic lesions with a violaceous hue along the infraorbital cheek (2 on the right and one on the left). He previously underwent an incision of the left nodule by a private dermatologist but he had recurrence of the lesion. Bacterial and fungal cultures were negative. Ultrasound showed a subcutaneous hypoechoic ovoid structure with a small amount of vascularity. He was prescribed topical metronidazole along with oral azithromycin 15mg/kg/day without success. A punch biopsy of the nodules was performed. Histological examination revealed a dermal inflammatory infiltrate consisting of histiocytes, lymphocytes, and giant and epithelioid cells. Ziehl-Neelsen, periodic acid-Schiff, and Grocott stains were all negative. He was diagnosed with IFAG and was prescribed griseofulvin 20mg/kg/day with almost complete regression of the nodules in 2 months.

Key message: This is the first reported case of IFAG treated by griseofulvin, an antifungal, raising the question of a possible fungal implication in its pathogenesis.

