



PAEDIATRIC DERMATOLOGY

“GENERALIZED EXANTHEMATOUS PUSTULAR DERMATOPHYTID” IN A 4 YEAR-OLD CHILD: A MISDIAGNOSED ENTITY

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Background: Dermatophytids are immunologically mediated dermatologic reactions secondary to dermatophyte infection. Generalized exanthematous pustular dermatophytid (GEPD) is a rarely reported form of dermatophytids.

Observation: A 4 year-old female was referred to our department with kerion secondary to *Trichophyton tonsurans*. Three days after initiation of griseofulvin, she presented a generalized pustular eruption initially localized to palms and soles. She had a good general condition with no fever. Physical examination revealed multiple pustules especially localized on the palms and soles; but also on her face, trunk and arms. Moreover a purulent discharge in the kerion lesion was noted. There was no involvement of intertriginous areas. Samples obtained from the pustular lesions were sterile. Biopsy demonstrated a subcorneal pustular dermatitis. The dermis presented a moderate perivascular, lympho-histiocytic inflammatory infiltrate associated with some eosinophils. The diagnosis of GEPD was suspected. The patient was treated with high-potency topical steroids with general corticosteroids (0.5mg/kg/d) and antibiotic given as an adjunct to griseofulvin. The eruption resolved completely within 5 days.

Discussion: We report a new and original case of GEPD. To the best of our knowledge, only 4 cases of GEPD have been reported in the literature with a widespread pustular eruption in all cases. The clinical presentation in our case is original due to the palmo-plantar onset and the local aggravation of kerion with purulent discharge, never reported. The main differential diagnosis was acute generalized exanthematous pustulosis (AGEP) secondary to antifungal drugs. The absence of involvement of intertriginous areas, and the regression of eruption under the same medication were against it. GEPD can also be mis-diagnosed as a generalised pustular psoriasis.

Conclusion: In conclusion, GEPD is a mis-diagnosed entity; it's distinction from drug allergy in order to continue systemic antifungal treatment is essential for clearing the infection and dermatophytid.

