



PAEDIATRIC DERMATOLOGY

NAIL MATRIX ARREST AND GIANNOTTI CROSTI SYNDROME OVERLAPPING

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Gianotti-Crosti syndrome is a self-limited childhood exanthem that manifests in a characteristic acral distribution, associated with Epstein-Bar virus, hepatitis B, A and many others.

Nail matrix arrest is caused by a temporary arrest in nail plate formation and is reversible. Many conditions like systemic illness, drugs, fever, periungual dermatitis, trauma, and infection including viral are associated with nail matrix arrest.

We present 2 years boy with symmetric, exanthematous, asymptomatic cutaneous eruption following low-grade fever, malaise, pharyngitis and symptoms of an upper respiratory tract infection. He was treated with antipyretic and antihistaminic. The laboratory tests were normal.

Because of typical diagnostic criteria for GCS like: monomorphous, flat-topped, pink-brown papules or papulovesicles 1-10 mm in diameter, the localization on four sites: cheeks, buttocks, extensor surfaces of forearms, extensor surfaces of legs, symmetric eruption, absence of extensive truncal lesions and scaling, we confirm the diagnosis. We treated him with low potent corticosteroid cream diluted with emollient, and antihistaminic. After 10 days the papules ended leaving hypo and hyperpigmentation and sporadic papules which last 1,5 month.

Two weeks after the regression, the nail matrix arrest disappeared with Beau's line (the transverse ridging of the nail plate) and onychomadesis. We gave only the emollient cream and after a few month the nails became normal.

Discussion: The nail matrix arrest is usually associated with entero, coxsackie, citomegalo and echo viruses but the mother did not allow any blood examination to specify it.

The best solution for cure the illness is education of patient about the disease.

In many cases there is no need of treatment.

