

PAEDIATRIC DERMATOLOGY

PURPURA OF THE LIPS IN A CHILD

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Background: Factitious purpura may present as a perplexing problem for the dermatologist and can mimic serious disease. Through the description of a pediatric case of purpura of the lips, we discuss the challenging hypothesis leading to the final diagnosis.

Observation: A previously healthy 5-year-old boy presented to our department. His mother was worried about an acquired purple eruption of his lips, which had been present for few hours. The child himself was remarkably unconcerned by the rash, with making no complaint of any kind. His mother also reported this was the second episode. He had not recently experienced any fever, peripheral edema, joint pain or any history of recent trauma. He denied local trauma to his lips and confirmed he did not use any topical ointment. Both congenital and autoimmune hemorrhagic disorders were excluded based on her past medical history and physical and laboratory findings. Child abuse was also ruled out. As the purpura was localized and sharply demarcated, the patient well and laboratory data all normal, the likelihood of a factitious purpura was considered. During the follow-up consultation scheduled 1 week later, the purpura had disappeared and the child finally admitted he had played at home with a glass, sucking the air out of it and then forcibly pulling the glass off his lips. Psychological follow-up was proposed but refused by the parents.

Key message: In a factitious purpura, the lesions produced often have a sharp edge, clearly demarcated from the adjacent normal skin, and they appear to have an unusual angular or geometric shape. The patient exhibits an apparent lack of concern about his rash. Once the causative factor is established, there is no need for further investigation or treatment of suction purpura. If repetitive or extensive, factitious purpura could be a signal of some deep emotional disturbance.





