ABSTRACT BOOK ABSTRACTS



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PAEDIATRIC DERMATOLOGY

TRANSIENT SYMPTOMATIC ZINC DEFICIENCY RESEMBLING ACRODERMATITIS ENTEROPATHICA IN TWO EXCLUSIVELY BREAST-FED INFANT

Daisy Margarita Blanco⁽¹⁾ - Ana Gabriela Sánchez Cárdenas⁽²⁾ - Jana Quezada Almonte⁽³⁾ - Elfida Sánchez⁽⁴⁾ - Esmeralda Arredondo⁽³⁾

Instituto Dermatológico Dominicano Y Cirugía De Piel Dr Huberto Bogaert Díaz, Pediatric Dermatology, Santo Domingo, Dominican Republic⁽¹⁾ - Instituto Nacional De Ciencias Médicas Y Nutrición Salvador Zubirán, Dermatology, Ciudad De México, Mexico⁽²⁾ -Instituto Dermatológico Dominicano Y Cirugía De Piel Dr Huberto Bogaert Díaz, Dermatology, Santo Domingo, Dominican Republic⁽³⁾ - Instituto Dermatológico Dominicano Y Cirugía De Piel Dr Huberto Bogaert Díaz, Dermatology, Santo Domingo, Mexico⁽⁴⁾

Background: The acquired form of zinc deficiency, known as transient symptomatic zinc deficiency (TSZD), is a rare disease with clinical findings similar to an acrodermatitis enteropathica (AE). Two cases with TSZD are described below

Observation: A 3-month-old boy, full term, with adequate growth and exclusive breastfeeding. At two months of age, he developed a periorificial and acral dermatitis characterized by erythematous plaques and erosions, accompanied by diarrhea. Considering the clinical features, a zinc deficiency was considered, and serum zinc concentration revealed low concentration 11 mcg / dl.

Case 2: A 5 months of age boy, full-term, with exclusive breastfeeding, presents with disseminated dermatitis, affecting periorificial, acral, perianal and diaper areas, characterized by erythematous plaques with erosions, accompanied by diarrhea, of 2 months of evolution. Serum zinc concentration revealed low levels 13 mcg / dl.

In the two cases the skin biopsy revealed a psoriasiform pattern, compatible with nutritional deficiency dermatitis. An oral zinc supplementation was started, at a dose of 1 mg / kg / weight. A rapid improvement of skin was observed, with complete resolution in 6 weeks, in the first case, and 8 weeks in the second case. Zinc supplementation was discontinued, and relapse was not observed at weaning. The zinc concentration in mother's milk and genetic investigations have not been carried out.

Key message: When TSZD is observed in patients fed with breast milk that is deficient in zinc, a genetic mutation of SLC30A2 gene has been described. Whereas AE needs lifelong treatment, TSZD responds rapidly to zinc supplementation, and treatment duration is related to breastfeeding without relapses at weaning. Reports underline this condition as











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rare, but the true incidence is not well recognized. Is important to recognize the typical clinical features of TSZD and consider the diagnosis, for the optimum growth and development of infants.



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