Lesões Faciais em Criança: Um Diagnóstico Desafiante

Borges A.S.1, Brasileiro A.1, Matos Pires E.1, Baptista J.1, Galhardas C.1, Apetato M.1
1Department of Dermatology and Venereology, Hospital Santo António dos Capuchos, Centro Hospitalar de Lisboa Central, Lisbon, Portugal

PALAVRAS-CHAVE – Criança; Face; Pele; Tinha; Trichophyton.

Facial Lesions in Children: Often a Challenging Diagnosis

KEYWORDS – Child; Face; Skin; Tinea; Trichophyto.

**QUAL O SEU DIAGNÓSTICO?**

**CASE REPORT**

An 11-year-old girl was observed with mildly pruritic facial lesions consisting of well-demarcated symmetric erythematous scaly plaques involving both eyelids, isolated erythematous and scaly papules on the forehead, base of the nose and malar regions and a crusted-yellowish plaque with less well-defined borders on the tip of the nose (Fig.1). Lesions began 3 weeks before as mildly pruritic papules around the eyes that progressively increased. No other skin lesions were observed and systemic symptoms were absent. The child was otherwise healthy and parents denied personal or family history of atopy. No other dermatoses were known in the family.

The dermatitis was initially diagnosed as eczema and a mid-potency topical corticosteroid cream was prescribed. Due to lesional extension with the occurrence of papules and pustules within the next week, an oral beta-lactam antibiotic was prescribed without improvement.

On reviewing the history, the child reported she used to play with a pet rabbit.

Correspondência: Ana Sofia Ribeiro Borges
Serviço de Dermatologia - Hospital de Sto António dos Capuchos - CHLC
Alameda Santo António dos Capuchos
1169-050 Lisboa, Portugal
E-mail: a.sofia.r.borges@gmail.com
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Qual o Seu Diagnóstico?

DIAGNOSIS

Tinea Faciei

Direct microscopy examination of a KOH 40% preparation of lesional skin scrapings revealed septate hyphae and culture on Sabouraud’s dextrose agar with cycloheximide isolated, on the third week, Trichophyton mentagrophytes var. granulare.

The patient was treated with a 4-week course of oral terbinafine (125 mg/day, 4 g/kg) with complete resolution of skin lesions in 3 weeks, without relapse or side effects (Fig. 2).

REFERENCES