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NHS Foundation Trust

Liverpool Dermatopathology Update Course
Slide seminar Case No 7

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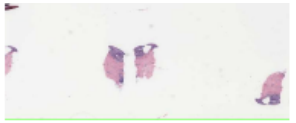


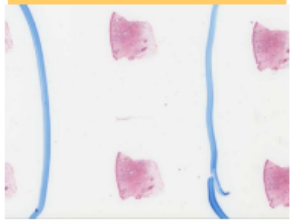
5) APACHE, TRAPP or related condition

Case 7

Contributor: Rajeev Shukla

Clinical History: A 16-month-old male Caucasian patient was referred with an eight-month history of chronic incessant, intensely pruritic crops of pustules predominantly affecting the scalp area, the face and limbs. The child's mother reported that the pustules occurred intermittently in crops and were aggravated by childhood viral illnesses. The child was not taking any regular medication and his family history was unremarkable. He had been prescribed numerous courses of oral antibiotics and topical steroids of varying potencies with little benefit.

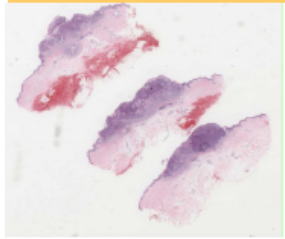
View Case



- 16 month old
- 8 month history
- Pruritic pustules
- Predominantly scalp and face; also legs
- Intermittent in crops ; self heal without scar

- No history of medication prior to skin lesions
- Treated with antibiotics and steroids with no effect.

View Case



3) Trichilemmoma
4) Clear cell poroma
5) Sebaceous carcinoma

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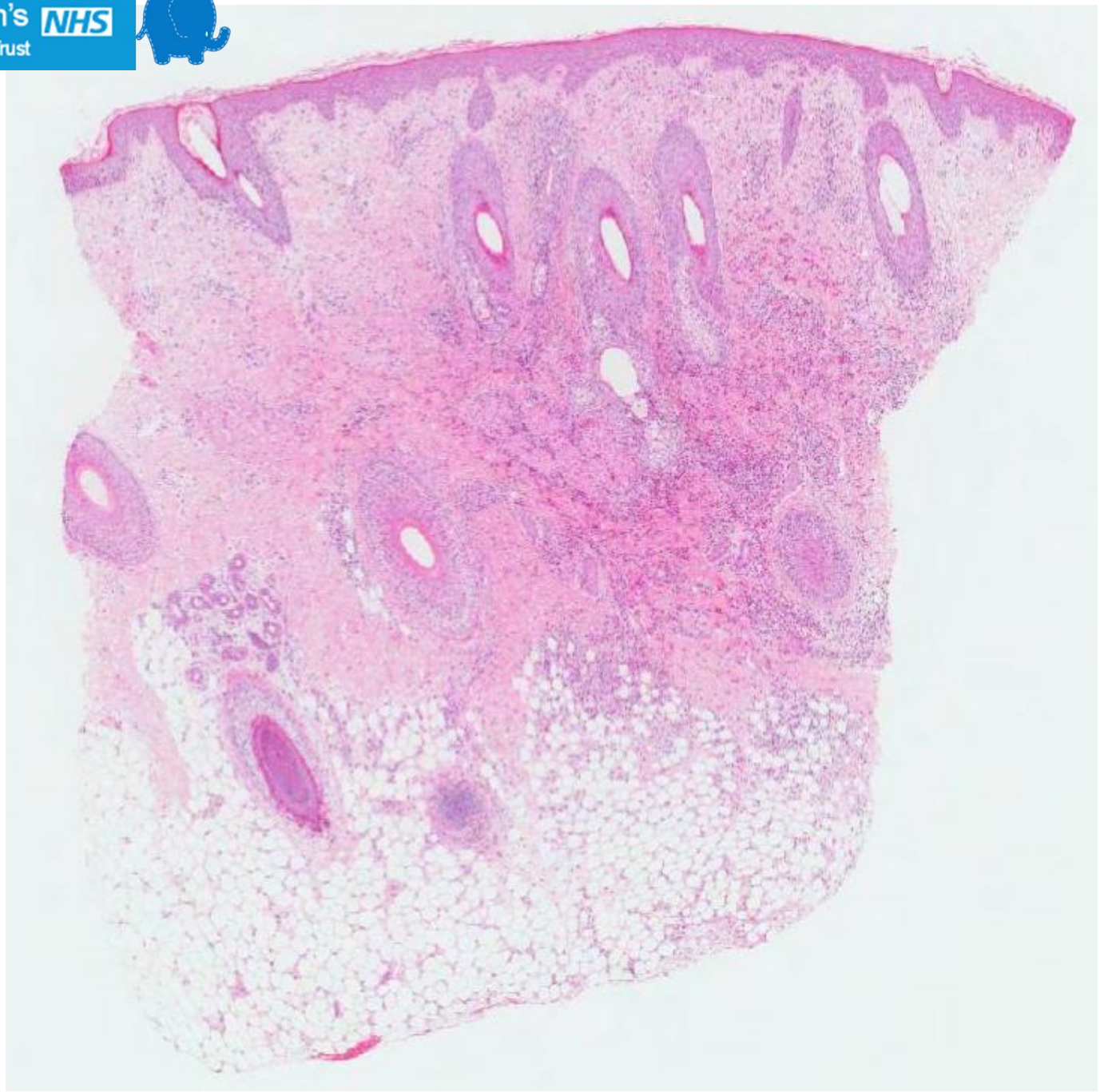

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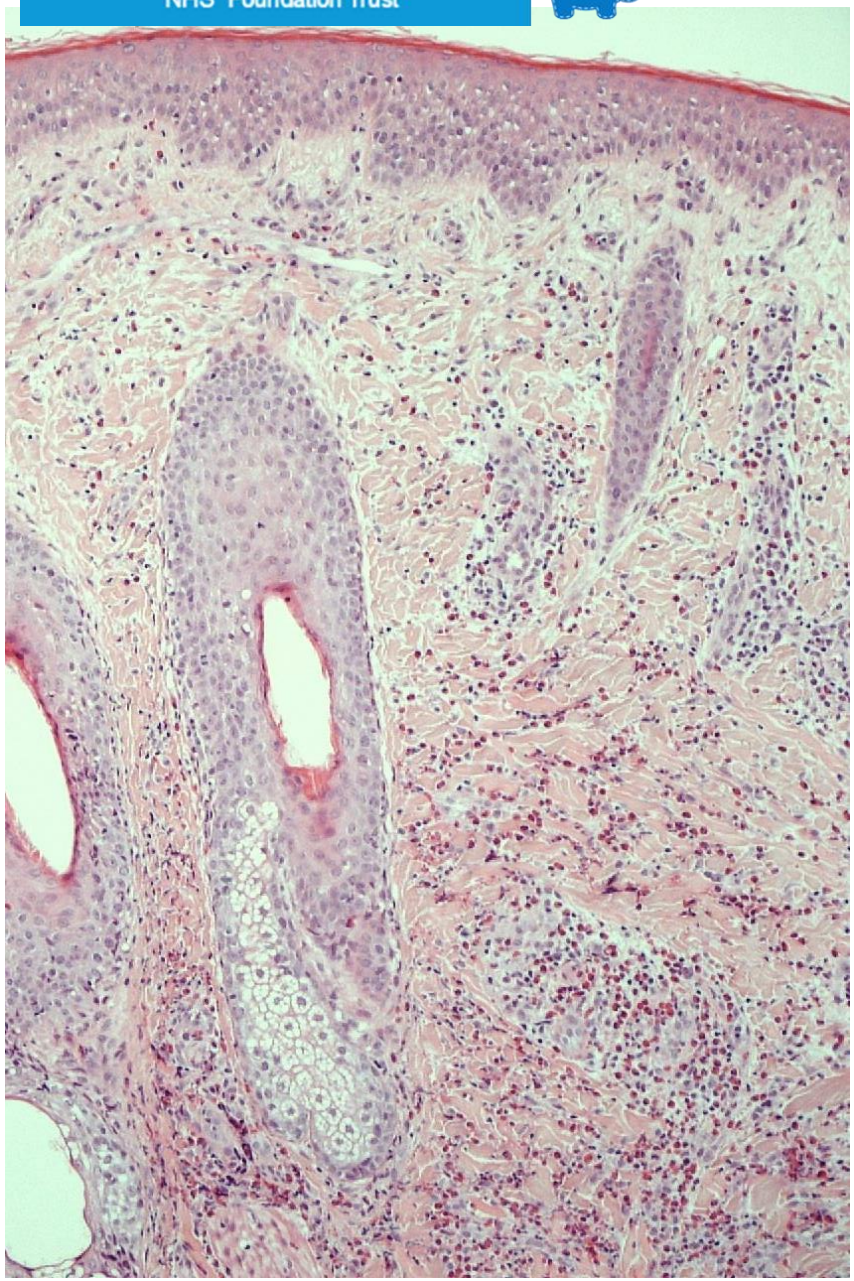
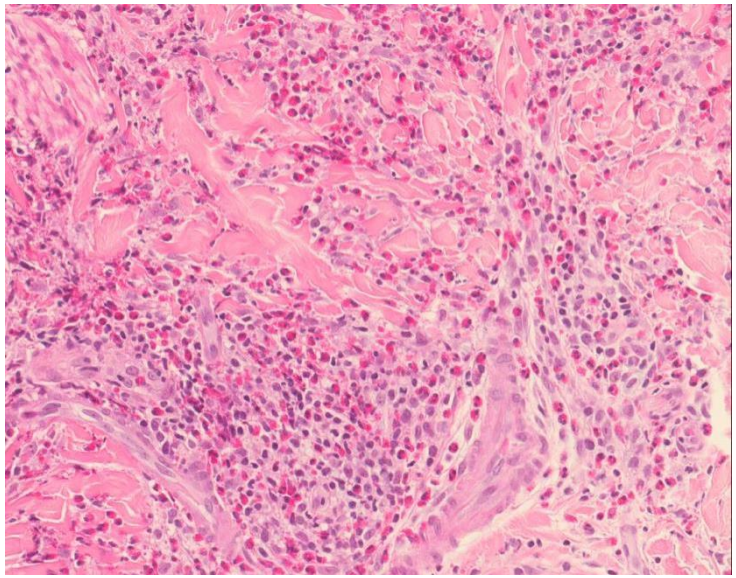


Dermal and subcutaneous eosinophilic infiltrate

- Angiolymphoid hyperplasia with eosinophilia
- Eosinophilic, polymorphic, and pruritic eruption associated with radiotherapy
- Eosinophilic pustular folliculitis
- Erythema toxicum neonatorum
- Eosinophilic ulcer of the oral mucosa
- Eosinophilic vasculitis
- Granuloma faciale
- Hypereosinophilic syndromes
- Incontinentia pigmenti
- Kimura disease
- Pachydermatous eosinophilic dermatitis
- Wells syndrome (eosinophilic cellulitis)



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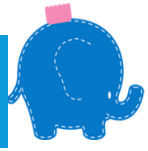


My report

dermal eosinophilic infiltrate blah blah; could be anything…

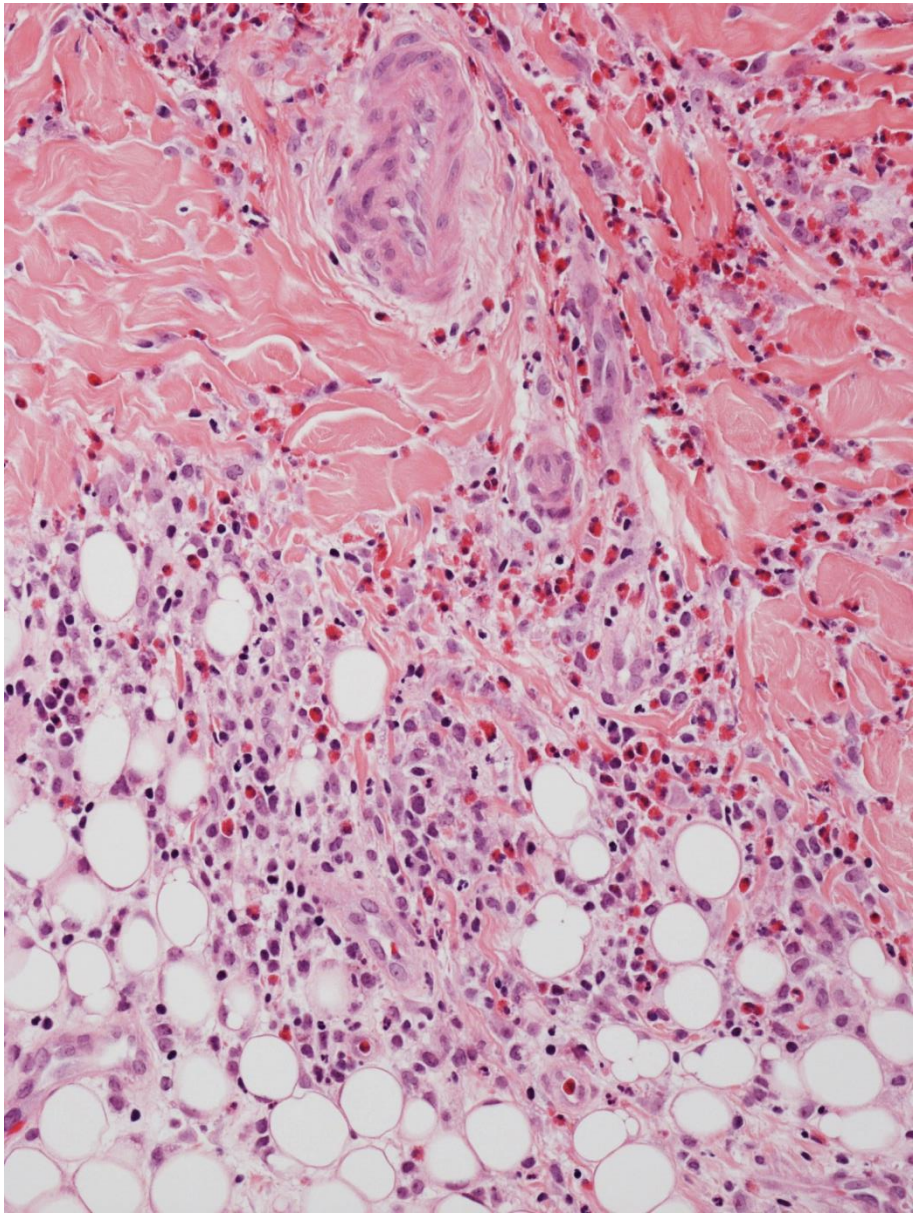
……

Please correlate clinically !!!

Clinical History: A 16-month-old male Caucasian patient was referred with an eight-month history of chronic incessant, intensely pruritic crops of pustules predominantly affecting the scalp area, the face and limbs. The child's mother reported that the pustules occurred intermittently in crops and were aggravated by childhood viral illnesses. The child was not taking any regular medication and his family history was unremarkable. He had been prescribed numerous courses of oral antibiotics and topical steroids of varying potencies with little benefit.

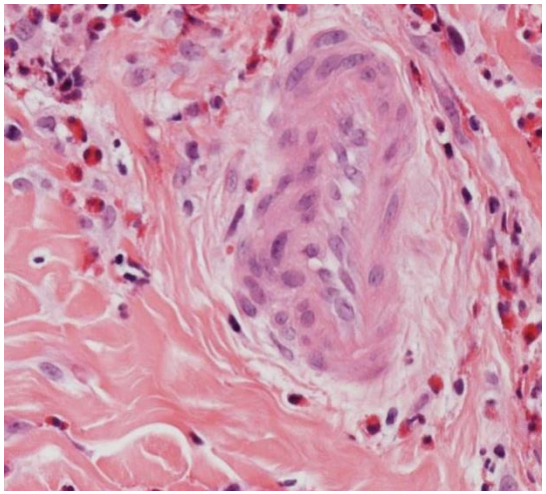
Good Clinical History from our clinicians….

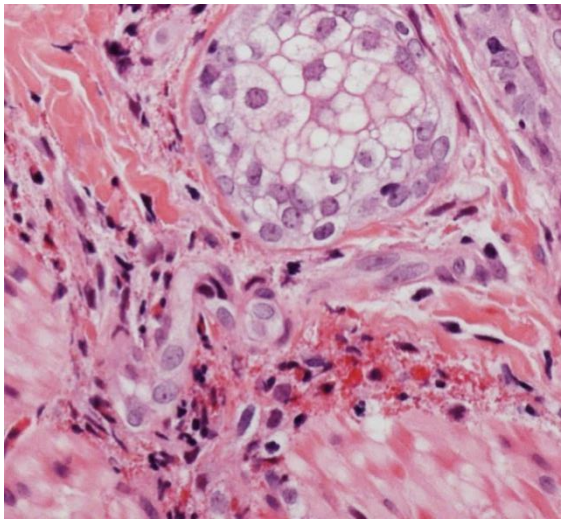
BIG PROBLEM



Langerhans cell Histiocytosis

CD1a , Langarin and S100 negative
CD68 positive





No Vasculitis

No history medication (cf. drug induced skin lesions)

Distribution (face and scalp) unlikely to be insect bite like reaction

NO Fungi / parasites/ other organisms

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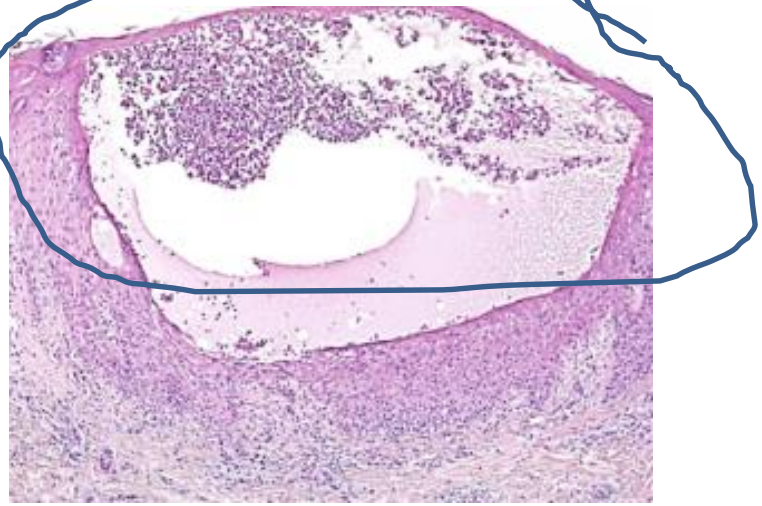
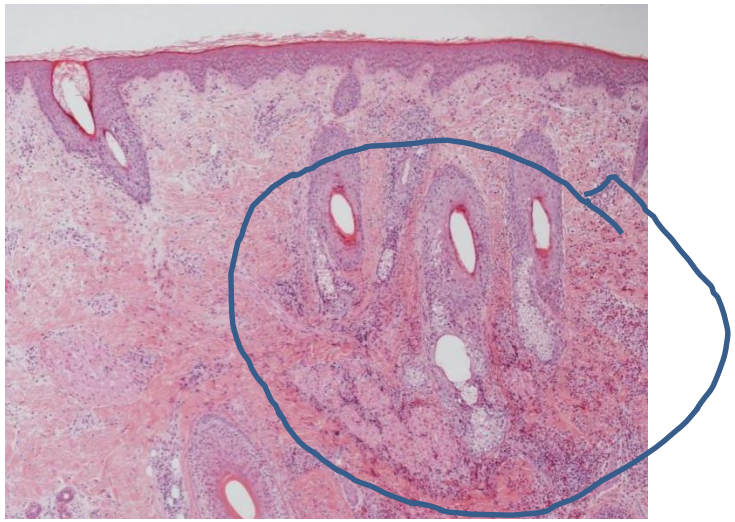
Acropustulosis of Infancy



Acropustulosis



Our case

Recurrent, self-limited, pruritic, vesicopustular eruption of the palms and the soles occurring in young children during the first 2-3 years of life.

A unilocular, subcorneal, or intraepidermal pustule containing polymorphonuclear neutrophils or eosinophils in the upper epidermis and extending into the stratum corneum is characteristic in infantile acropustulosis.

Papillary dermal edema and a mild perivascular, mostly lymphocytic, infiltrate in the dermis may be present.

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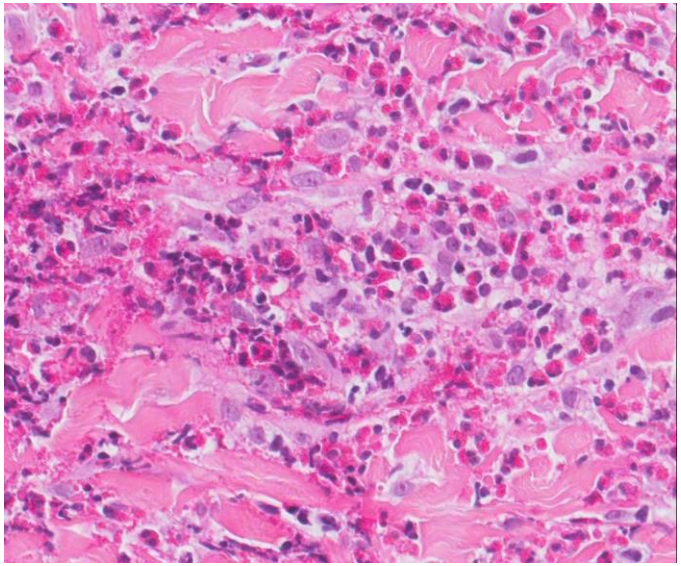

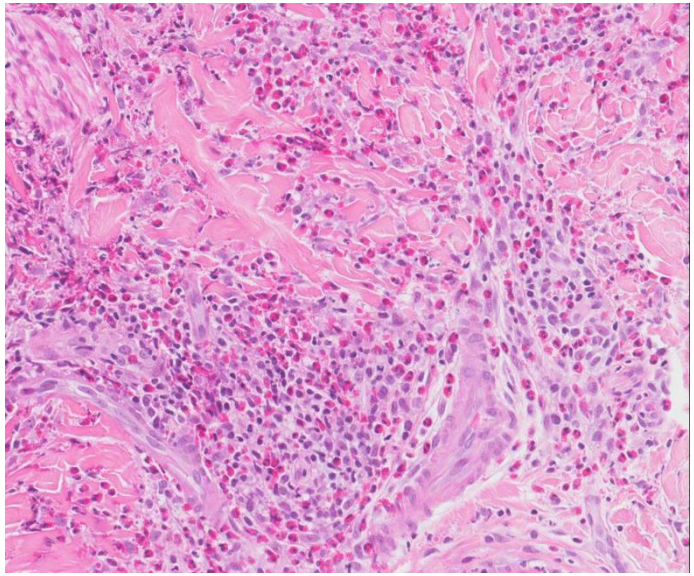

Erythema Toxicum Neonatorum

- Edema and inflammatory infiltrate with involvement of the superficial portion of the pilosebaceous unit.
- Eosinophilic invasion of the outer root sheath of the hair follicle is noted.
- Pustules are subcorneal or intraepidermal and are found associated with the pilosebaceous orifice.

Presents within the first 4 days of life in full-term infants, with the peak onset occurring within the first 48 hours following birth.

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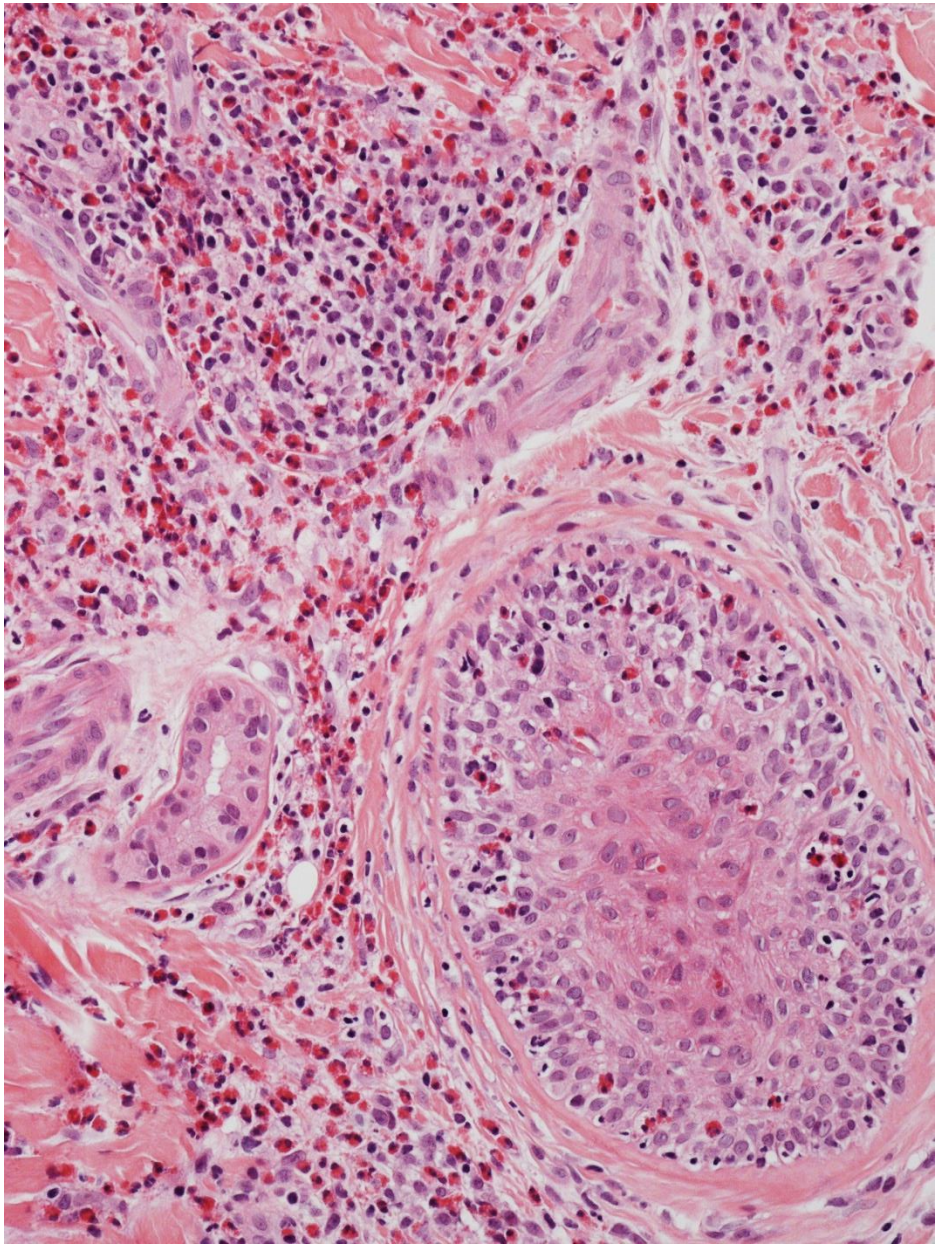
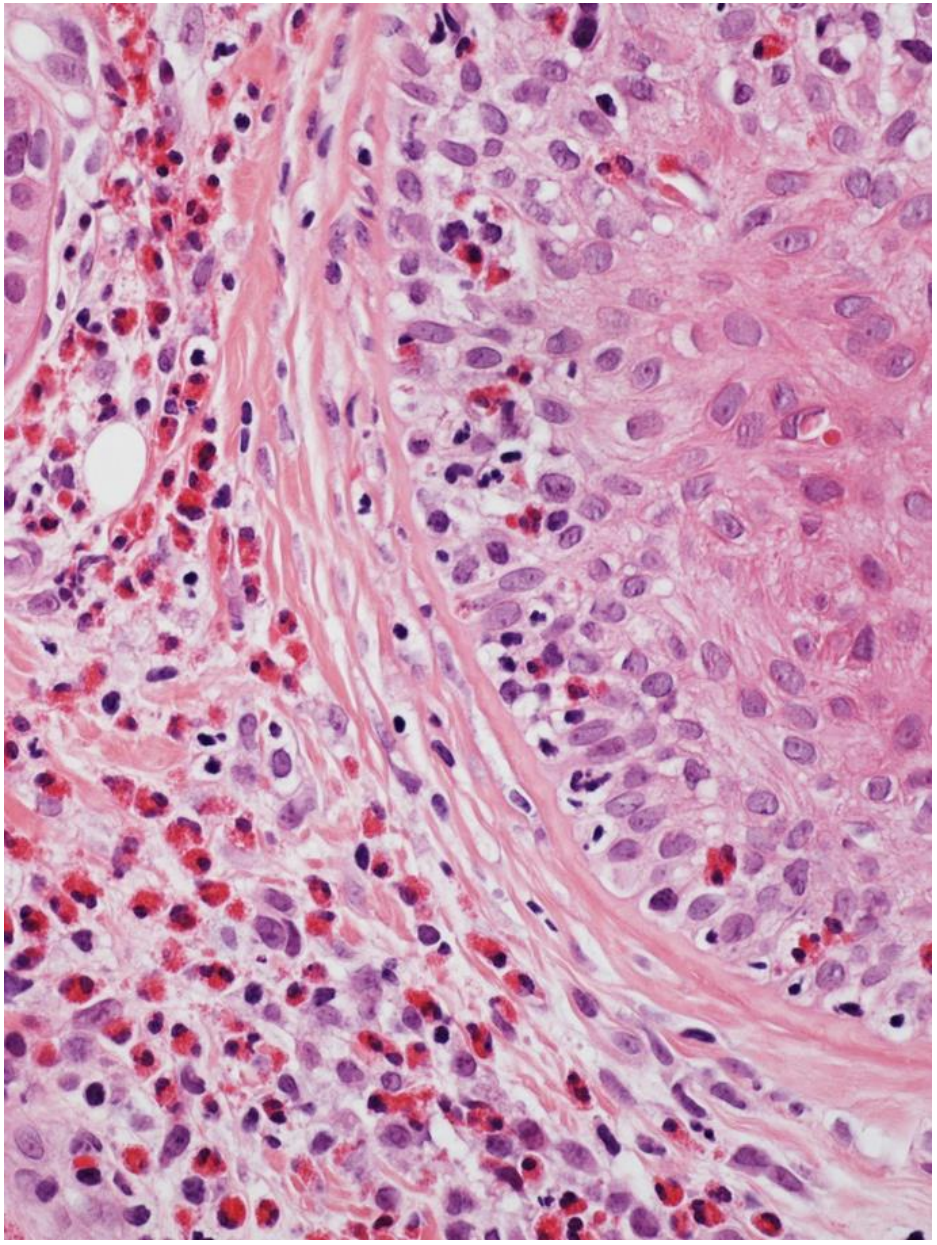
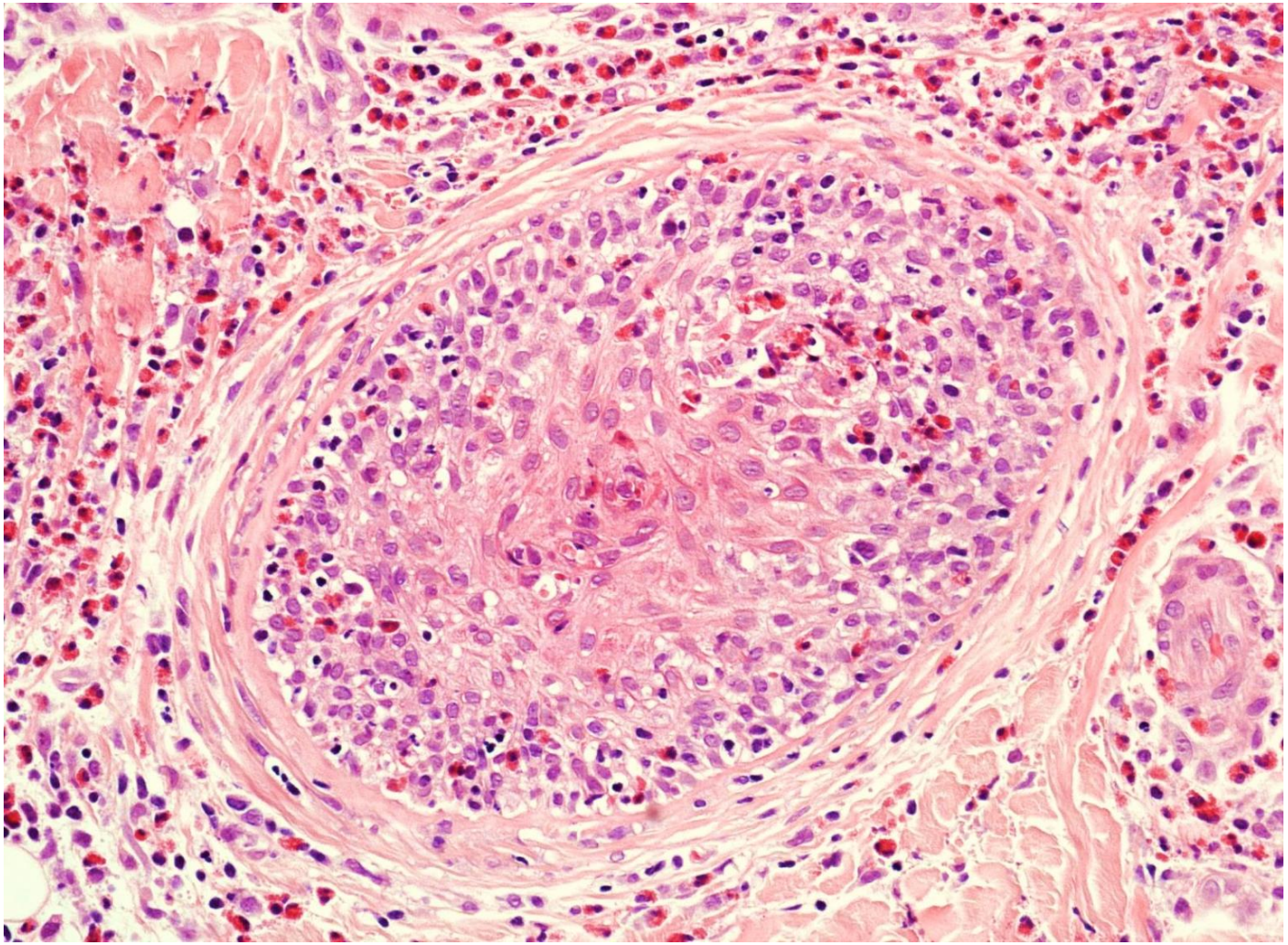
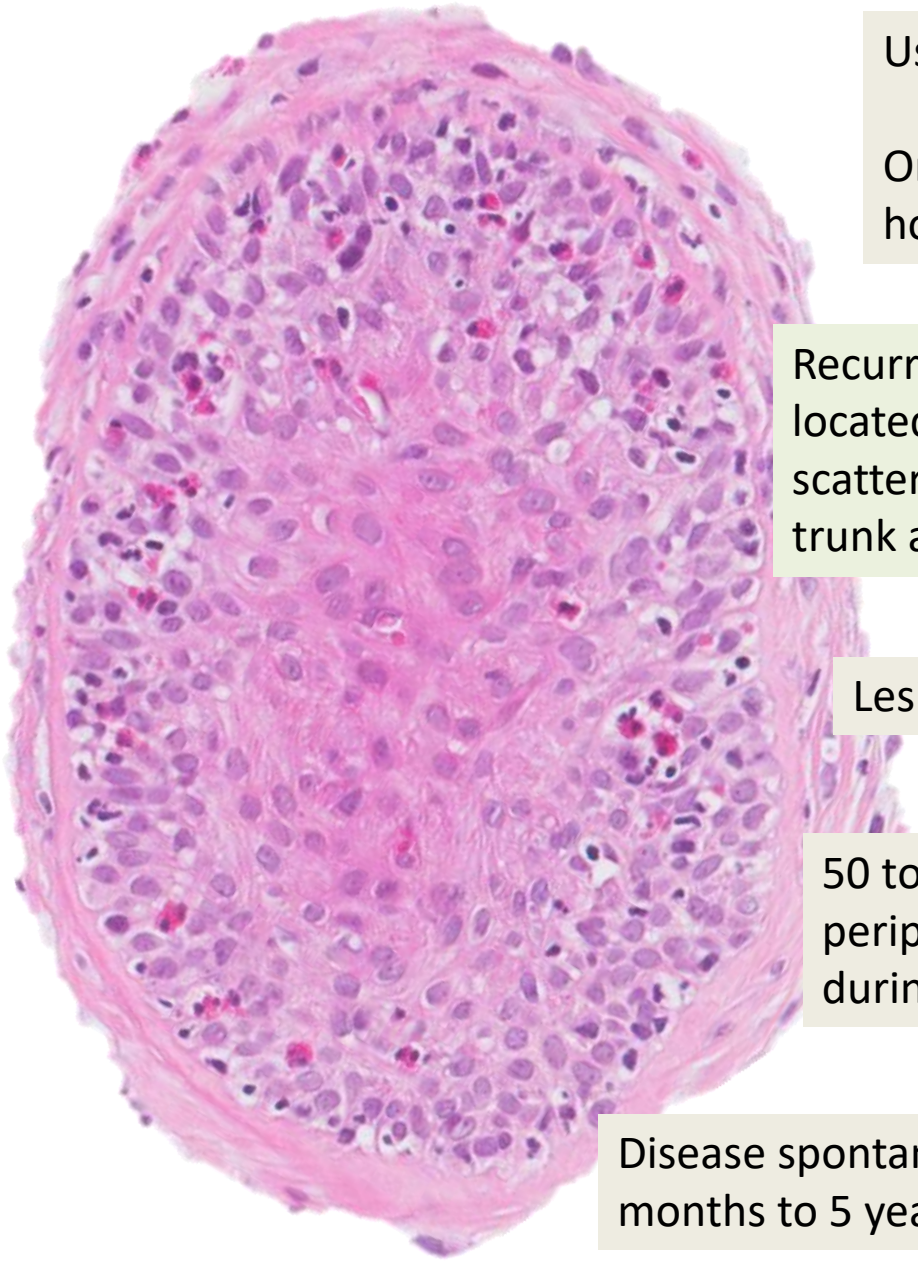






Final Diagnosis : Infantile eosinophilic pustular folliculitis.

Infantile Eosinophilic Pustular Folliculitis



Usually presents in the first year of life

Onset has been described from the first 24 hours of life to 3 years

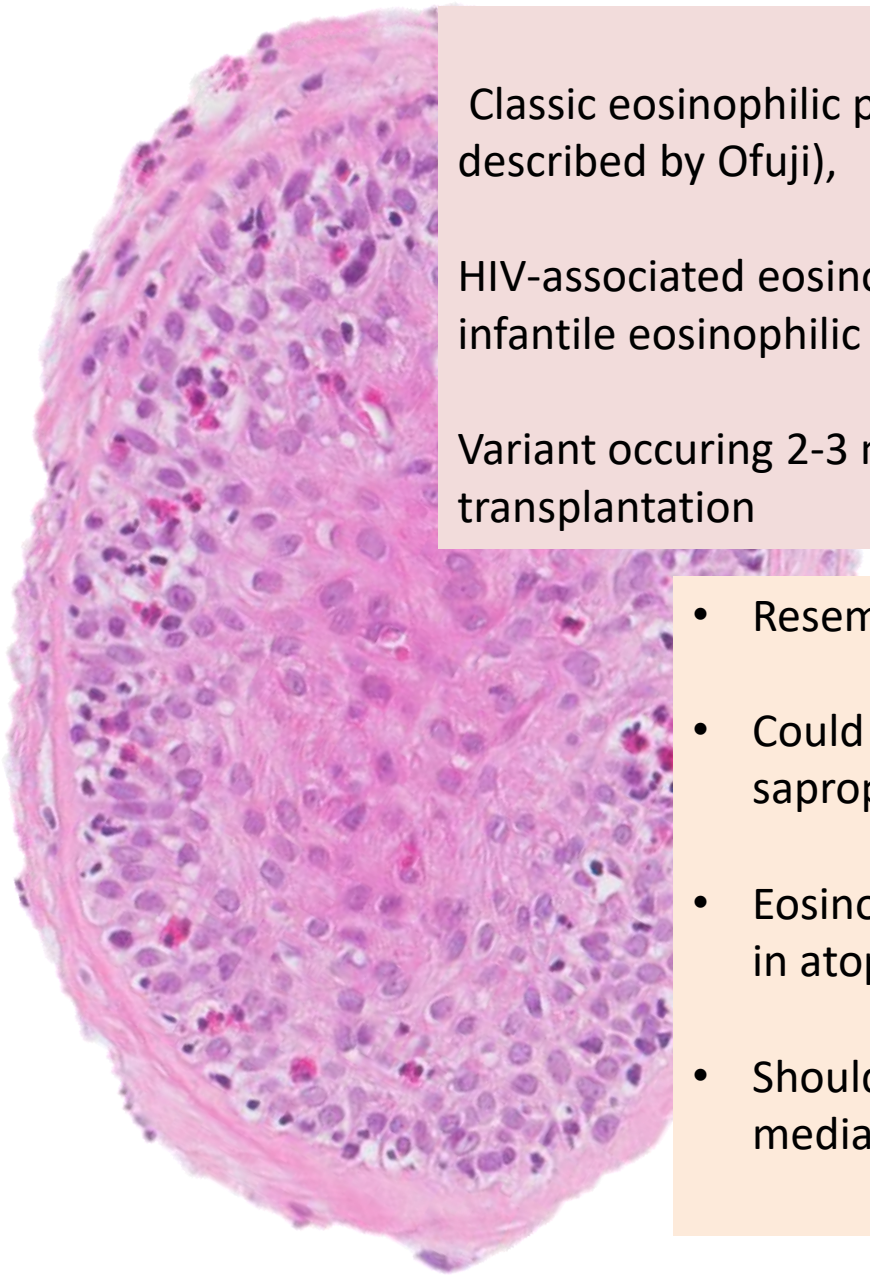
Recurrent crops of papules and pustules located most commonly in the scalp, but scattered lesions may appear in face, neck, trunk and extremities.

Lesions heal without scarring in 1 to 4 weeks.

50 to 70 percent of the reported cases peripheral eosinophilia has been documented during active disease

Disease spontaneously remits after a total duration of 3 months to 5 years.

Eosinophilic Pustular Folliculitis in older children and adults



Classic eosinophilic pustular folliculitis (as originally described by Ofuji),

HIV-associated eosinophilic pustular folliculitis, and infantile eosinophilic pustular folliculitis.

Variant occuring 2-3 months after hematopoietic stem cell transplantation

- Resembles fungal folliculitis
- Could represent hyperreactivity to dermatophytes or saprophytic fungi
- Eosinophilic pustular folliculitis has been described in atopic children
- Should we be screening our cases for coexisting Th2-mediated disorders or primary immune disorders.

THANK YOU!

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