

Qual o Seu Diagnóstico?

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.

Dermatology Quiz

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.



Figure 1

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
DOI: <https://dx.doi.org/10.29021/spdv.76.3.888>

Recebido/Received
19 Janeiro/January 2018
Aceite/Accepted
22 Fevereiro/February 2018

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).



Figure 2

Tinea faciei is a dermatophyte infection of facial glabrous skin. It often occurs in children, mainly associated with close contact with pets.¹ In contrast to anthropophilic agents, the clinical presentation of zoophilic dermatophyte infections, namely *Trichophyton mentagrophytes* var. *granulare*, is associated with more severe inflammation sometimes with pustules and the annular erythematous scaly plaque typical

of dermatophyte infections is often absent.² As a result of misdiagnosis, lesions are often treated with corticosteroids, which can result in progression or change in clinical appearance^{3,4}, known as *tinea incognito*. Additionally, the facial anatomy, exposure to sunlight and frequent use of cosmetics often determine an atypical clinical presentation,¹ which highlights the importance of *tinea faciei* in the differential diagnosis of facial dermatoses.

In this case, the authors highlight the importance of considering the diagnosis of *tinea faciei* in children presenting with a facial dermatosis, especially in those with a relevant epidemiologic context, in order to avoid misdiagnosis and consequently erroneous treatment with corticosteroids.

Conflitos de interesse: Os autores declaram não possuir conflitos de interesse.

Suporte financeiro: O presente trabalho não foi suportado por nenhum subsídio ou bolsa.

Confidencialidade dos dados: Os autores declaram ter seguido os protocolos do seu centro de trabalho acerca da publicação dos dados de doentes.

Protecção de pessoas e animais: Os autores declaram que os procedimentos seguidos estavam de acordo com os regulamentos estabelecidos pelos responsáveis da Comissão de Investigação Clínica e Ética e de acordo com a Declaração de Helsínquia da Associação Médica Mundial.

Consentimento do Tutor Legal: Obtido.

Conflicts of interest: The authors have no conflicts of interest to declare.

Financing Support: This work has not received any contribution, grant or scholarship.

Confidentiality of data: The authors declare that they have followed the protocols of their work center on the publication of data from patients.

Protection of human and animal subjects: The authors declare that the procedures followed were in accordance with the regulations of the relevant clinical research ethics committee and with those of the Code of Ethics of the World Medical Association (Declaration of Helsinki).

Patient Consent Guardian: Consent obtained.

REFERENCES

1. Nicola A, Laura A, Natalia A. A 20-year survey of tinea faciei. *Mycoses*. 2010; 53:504-8.
2. Chen KL, Chien MM, Lu CY, Chiu HC. Zoophilic Tinea Faciei. *J Pediatr*. 2017; 182:395-395.e1.
3. Lin RL, Szepletowski JC, Schwartz RA. Tinea faciei, an often deceptive facial eruption. *Int J Dermatol*. 2004; 43:437-40.
4. Romano C, Ghilardi A. Eighty-four consecutive cases of tinea faciei in Siena, a retrospective study (1989-2003). *Mycoses*. 2005; 48:343-6.