

Papulopustular Facial Eruption in a Child: A Quiz

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An otherwise healthy 4-year-old girl presented with an 8-month history of papulopustular facial eruption (Fig. 1). Earlier treatment with hydrocortisone cream, hydrocortisone + fusidic acid cream and hydrocortisone-17-butyrate cream had made the condition worse.

What is your diagnosis? See next page for answer.



Fig. 1. Four-year-old girl with papulopustular facial eruption.

ANSWERS TO QUIZ

Papulopustular Facial Eruption in a Child: A Commentary

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Diagnosis: Periorificial dermatitis

Periorificial dermatitis was suspected. Treatment with topical metronidazole and oral erythromycin for 4 weeks was effective (Fig. 2). Periorificial dermatitis is also known as perioral dermatitis, but this is a misnomer, as it can also present around the alae nasi and periocularly. Sometimes associated scaling and erythema can be seen, which can confuse the clinician and lead to a diagnosis of eczema.

The pathogenesis of periorificial dermatitis is unclear, but moisturizers, fluorinated toothpaste, and both topical and inhaled corticosteroids may exacerbate the condition (1–3). It is a clinical diagnosis and treatment with topical metronidazole or pimecrolimus can be used. Non-responders are treated with oral erythromycin or other macrolides or tetracyclines (if over 8–12 years old) (2–4). This diagnosis is uncommon in children. It is important to be aware of this condition, as the treatment is different from therapies in eczema and other more common facial rashes.

REFERENCES

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Fig. 2. Improvement after 4 weeks' treatment with topical metronidazole and oral erythromycin.

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