



FIG. 1 (a) Purpuric targetoid lesions on face; (b) Close-up view of the lesion.

AHEI is a benign, self-limiting leucocytoclastic vasculitis generally affecting children under the age of 2 years. An upper respiratory illness usually precedes the sudden onset of red macules or urticarial skin lesions. AHEI lesions vary from 0.5 to 4 cm in size occasionally becoming confluent to annular or targetoid purpuric lesions. It mainly affects the face and extremities, sparing

the trunk, and often accompanied by non-pitting edema.

Differential diagnosis of AHEI include Henoch Schonlein purpura (older age, smaller lesions, facial sparing, systemic involvement, slow resolution, meningococemia (central necrosis), erythema multiform (three concentric color zones), Sweet's syndrome (erythematous blue or violet papules, plaques, or nodules often with a pseudo-vesicular appearance), urticarial vasculitis (absence of target-like lesions; purpuric spots visible on diascopy, hyperpigmentation on healing), and fixed drug eruptions (round or oval sharply delineated erythematous plaques with central blister or necrotic area).

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X-linked Ichthyosis

A 9-year-old boy presented with black scales all over the body sparing the flexures. There was a history of consanguineous parentage and prolonged labor. Scaling started from three weeks of age with exacerbations in the winter and remission in summer. On examination, there was coarse hyper pigmented scaling over the whole body (**Fig. 1**) with sparing of flexures. Right sided cryptorchidism was present till the age of four years. Ophthalmological examination, blood counts, chest X-ray and urine examination were normal. Patient was diagnosed as X-linked ichthyosis based on clinical features, history of prolonged labor and cryptorchidism. He was prescribed emollients and 10% urea; he showed improvement in scaling after four weeks.

X-linked ichthyosis is considered one of the five main types of ichthyosis. The others being; Ichthyosis vulgaris (no affection of posterior neck and back of ears, no history of prolonged labour or cryptorchidism), Lamellar Ichthyosis (scales are larger and darker in size with affection of the flexural surface), Congenital non-bullous ichthyosiform erythroderma and Epidermolytic Hyperkeratosis.



FIG. 1 Generalised dark scaling over trunk with sparing of flexures.

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