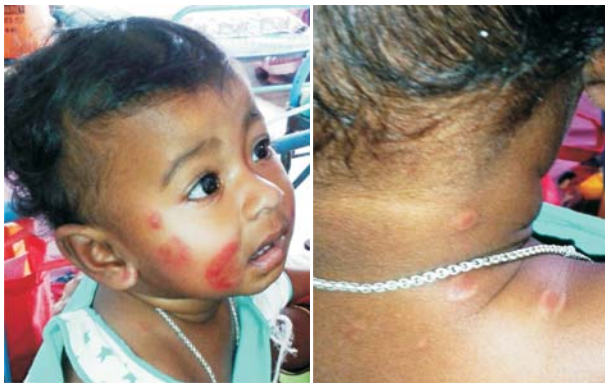
Urticaria Multiforme

A 10-month-old girl presented with erythematous pruritic rash on cheeks, ears and trunk along with swelling of the feet for last 12 hours (***Fig.* 1*a***). She had a fever with coryza for two days and received three doses of paracetamol. Rashes were discrete, round, blanchable, and a few were 'target lesions' (***Fig.* 1*b***). There was no evidence of mucosal involvement, arthritis or involvement of any other system. Complete blood count, erythrocyte sedimentation rate and C-reactive protein were normal. A diagnosis of urticaria multiforme was made and she was treated with hydroxyzine and ranitidine. The rashes gradually disappeared in next 4 days.

Urticaria multiforme, a form of acute annular urticaria, is a benign, self-limiting cutaneous hyper-sensitivity reaction mediated by histamine. It is characterized by the acute and transient onset of blanchable, arcuate, annular, polycyclic, erythematous wheals and facial or acral edema. It usually occurs in children between 4 months and 4 years. Viral illness, immunization and drugs like antibiotics or paracetamol could be the inciting factors. Erythema multiforme, urticarial vasculitis (both having fixed lesions, dusky, purpuric centers often with necrosis and blistering which resolve slowly over weeks with post inflammatory depigmentation; and mucosal erosions); and serum sickness (high grade fever, myalgia, arthralgia, lymphadenopathy and frequent neutropenia in addition to skin and mucosal involvement) are important differential diagnoses.



(*a*) (*b*)

FIG.1 *Erythematous rash on cheeks, ears and trunk.*

***SUMANTRA SARKAR AND #ABHISHEK DE**
Departments of Pediatrics and #Dermatology, IPGME&R and SSKM Hospital, Kolkata, West Bengal, India.
**sumantra.com@gmail.com*

Adams Oliver Syndrome

A 2-month-old girl, born to a non-consanguinously married parents, presented to us with presence of an open wound at birth which healed with scarring and hair loss, along with abnormalities involving toes of both feet. The lesion was an atrophic scar tissue with a rough and heterogeneous appearance. Physical examination revealed localized alopecia with dimensions of 1.8 × 4 cm (***Fig.* 1a**), along with prominent scalp veins. Cutis marmorata was present all over body. Oligodactyly and digital nubbins were present in bilateral feet (***Fig.* 1b**).

Based on the classical clinical presentation of aplasia cutis congenita of scalp, cutis marmorata, prominent scalp veins, and limb abnormality, a diagnosis of Adams Oliver syndrome was considered. Histopathology of hairless atrophic patch showed loss of rete ridges, collagen deposition and loss of skin appendages. Hemogram, liver function tests, kidney function tests, serum electrolytes and Chest *X*-ray were normal.

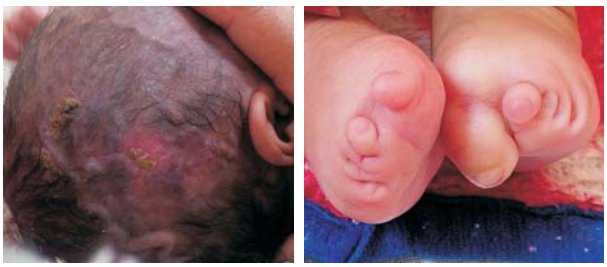


FIG.1 *(a) Alopecia cutis congenita of scalp, prominent scalp veins; (b) Oligodactyly and presence of digital nubbins.*