

hemorrhagic crust. Differential diagnoses include arthropod bites, leishmaniasis, ecthyma gangrenosum (*vide infra*), pyoderma gangrenosum, *Mycobacterium marinum* infection, and papulonecrotic tuberculid. Two related terms need to be differentiated from ecthyma: *Ecthyma gangrenosum* (a gangrenous ulcer with a central eschar surrounded by an erythematous halo) a pseudomonal infection that occurs in immunosuppressed or gravely ill patients, and *Ecthyma contagiosum* (solitary pustular lesions on hands) resulting from the direct contact of damaged skin with animal infected by a virus of Parapoxvirus group.

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FIG. 1 Solitary ulcer with central adherent crust and yellowish-brown dried up exudates at the ulcer's margin.

Congenital Triangular Alopecia

A 9-month-old child presented with two localized areas of hair loss over the occipital region, noticed by the parents since the age of three months. Parents did not report any history of trauma, redness, swelling, erosion or ulceration prior to the onset of hair loss. None of the family members had similar complaints. The patient had been treated with topical antifungal and steroids for two months without any improvement. Examination revealed two well demarcated triangular patches of non-scarring alopecia, in the occipital area; the base of the triangles was towards the vertex (*Fig. 1*). The overlying skin was smooth and shiny with no scaling or erythema. Exclamation mark hairs were absent. Examination of nails did not show ridging or pitting. The triangular shape of alopecia, absence of exclamation hair and lack of response to any treatment in past led us to the diagnosis of Congenital triangular alopecia. Counselling of the parents was done about the poor prospect of hair regrowth and option of hair transplantation in future.

Congenital triangular alopecia or Brauer nevus, is a benign, non progressive, circumscribed and non-scarring form of alopecia usually present over the temporal region. Other conditions that should be considered under



FIG.1 Congenital triangular alopecia.

differential diagnosis are alopecia areata (round or oval patches of rapid and complete hair loss with exclamation point hairs, pitted nails and tapered fractures on the hair counts), aplasia cutis (solitary or multiple well demarcated oval or circular atrophic fibrotic scars or ulcerations), tinea capitis (itchy, scaly or erythematous ring lesions with greyish, lustreless, brittle and broken hairs) and trichotillomania (irregular areas of incomplete hair loss in occipital or parietal areas of scalp).

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