

Images

Gianotti Crosti Syndrome

A 2-year-old child presented with an erythematous non-itchy symmetrically distributed papular rash over face, limbs and buttocks, largely sparing the trunk but involving the palm and feet. Some of the lesions show Koebner phenomena (described as a linear array of small papules, presumably precipitated by trauma.) (Fig. 1). It was preceded by a common cold about a week before. However, rest of the history and clinical examination was normal. It was diagnosed as Gianotti-crosti syndrome (GCS). The lesions completely disappeared after 3 weeks.



Fig. 1. Koebners Phenomenon.

GCS is a distinctive viral exanthem of childhood, characterized by papular/papulovesicular lesions. Hepatitis B and Epstein-Barr virus are the most frequently reported etiologies. Other incriminated viruses are hepatitis A, hepatitis non A-non B, cytomegalovirus, coxsackie, adenovirus, enterovirus, rotavirus, rubella, HIV and parainfluenza. Histopathological examination reveals acanthocytosis, hyperkeratosis and focal parakeratosis(1). Typical rashes are monomorphic, flat, lentil-sized lesions symmetrically distributed on the face,



Fig. 2. Papulovesicular lesions involving both lower limbs.

buttocks and limbs (Fig. 2). The papules may coalesce into patches. The lesions usually begin on the thighs and buttocks, then spread to the extensor aspects of the arms and finally involve the face. Differential diagnosis includes Henoch-Schonlein purpura, erythema multiforme, hand-foot- mouth disease, lichen planus, pityriasis rosea and scabies. Laboratory findings are not consistent and diagnosis is clinical.

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