

Candidal Diaper Dermatitis

A 46-day-old boy presented to us with a perigenital and perianal skin rash for the last 7 days. He was admitted in a neonatal care unit for 24 days for treatment of meningitis. Examination revealed erythematous erosion involving the perianal and perigenital skin including the intertriginous creases. There were multiple satellite papules and pustules scattered over his perineal areas and the thighs (**Fig. 1**). Systemic examination was non-contributory. Potassium hydroxide (KOH) preparation of the lesional skin scraping showed multiple budding yeasts with pseudohyphae. Based on the clinical and mycological features, a diagnosis of Candidal diaper dermatitis was made. The lesions responded well to topical clotrimazole cream.

Candidiasis in the diaper area is usually precipitated by the use of antibiotics, or diarrhea of any cause. Common differential diagnoses are: irritant diaper dermatitis (involves convex surfaces of inner thigh, lower abdomen, buttock, sparing intertriginous creases), seborrhc dermatitis (no satellite papule, involves other seborrhc areas including



FIG. 1 Satellite lesions scattered over perineal area and thighs in Candidal diaper dermatitis.

scalp), and inverse psoriasis (well demarcated, erythematous and glistening plaques with thin white scales, usually spares inguinal creases, involvement of the other body areas).

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Erythema Marginatum

A 10-year-old boy was brought with complaints of fever for 7 days along with dyspnea on exertion and rashes all over his chest and upper limbs. The child was a known case of rheumatic heart disease with mitral regurgitation. The child had experienced similar rash in a waxing and waning pattern with intermittent pains in bilateral knee joints over the past 6 months. On examination, the child had a serpiginous rash with a raised erythematous rim over torso and upper arms (**Fig. 1**). ESR was elevated (140 mm/hr). Chest X-ray showed cardiomegaly, and echocardiography revealed severe mitral regurgitation and moderate aortic regurgitation with normal left ventricular function.

Erythema marginatum is an evanescent, non-pruritic rash that typically occurs on the trunk and extremities, but usually does not affect the face. Erythema marginatum occurs in patients who have rheumatic fever, and it is one of the major Jones criteria for the diagnosis of rheumatic fever. It occurs in less than 10% of rheumatic fever cases and difficult to detect in dark skinned people.

The child was started on anti-inflammatory therapy, and the rash faded and disappeared within a period of 48 hours.



FIG. 1 Typical serpiginous pattern of the rash in erythema marginatum.

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