

## Pederus Dermatitis

A 4-year-old boy presented with erythematous vesicular linear streaks over left cheek and erythematous papular eruption of lobule of left ear since 3 days (**Fig. 1**). It was of sudden onset noticed first in the morning with burning sensation over lesions. Except for that, rest of the physical examination was within normal limits. He did not remember any contact with insects. Oral antihistamines and topical antibiotics steroid cream was advised on an out-patient basis.

Pederus dermatitis (*Bhiter* beetle dermatitis or insect-bite reaction) is a contact irritant dermatitis. It is characterized by sudden onset of erythematobullous lesions on exposed areas of the body caused by accidental contact of a beetle of genus *Paederus*. It contains a toxin pederin present in beetle coelomic fluid. Brushing or crushing of the beetle causes contact of pederin with skin resulting in peculiar skin lesions. Principal differential diagnosis includes phytophotodermatitis, thermal and chemical burns. If patient presents early, washing with soap and water is helpful. Treatment includes soothing agents, oral antihistamines and topical antibiotics-steroid cream for local application.

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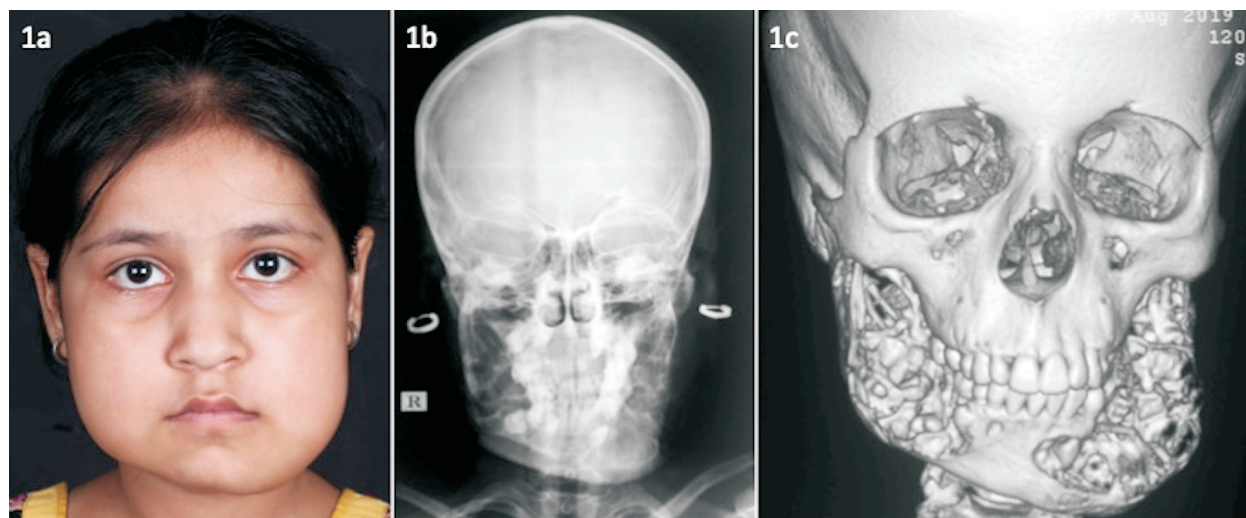
**Fig. 1** *Paederus* dermatitis on left cheek and lobule of ear.

## Cherubism

A 10-year-old girl presented with bilateral jaw swelling noticed by her parents when she was 3 years old. Her father had a similar history with his jaw swelling spontaneously regressing by the 25 birthday. Examination revealed fullness of cheeks and jaws with upward tilting of eyes exposing the sclera below inferior limbus, giving, the so-called 'cherubic' appearance (**Fig. 1a**). Radiograph revealed multiple thin-walled cystic lesions involving rami and body of mandible (**Fig. 1b**), reconfirmed on computed tomography images (**Fig. 1c**). Biochemical investigations revealed mildly elevated total

alkaline phosphatase. She was diagnosed as familial cherubism and reassured about the self-limiting disease course.

Cherubism is a fibro-osseous disorder characterized by the appearance of multilocular, expansile radiolucent lesions involving mandible or maxilla that usually appear at 2-7 years of age. Gain-of-function mutations in *SH3BP2* gene have been implicated. Differential diagnoses include brown tumor of hyperparathyroidism, Noonan/multiple giant cell lesion syndrome, fibrous dysplasia (as part of McCune-Albright syndrome), and ossifying fibromas seen in hyperparathyroidism-jaw tumor syndrome. Cherubism is self-limiting and begins to regress spontaneously around the age of puberty.



**Fig. 1** Cherubism characterized by (a) Bilateral fullness of the cheeks and jaws with slight upward tilting of the eyes, giving a 'cherubic' appearance; (b) Radiograph of the face showing multiple thin-walled cystic lesions involving rami and body of mandible; (c) Computed tomography of the face with 3D reconstructed images showing multiple expansile soft-tissue lesions involving both halves of the mandible causing areas of thinning and destruction of the overlying bony cortex.

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## Guttate Psoriasis

A 6-year-old boy presented with rash over whole body for a week, and past history of upper respiratory tract infection two weeks ago. Examination revealed extensive guttate erythema with overlying tiny scales; individual lesions measured about 2-10 mm in diameter, and predominantly involved the extremities and trunks (**Fig. 1**). The rest of the physical examination was normal except tonsillar enlargement. Anti-streptolysin O (ASO) antibody was positive. After receiving the narrowband UVB phototherapy and oral penicillin, the skin lesions gradually faded within 8 weeks, and did not recur over a one-year follow-up.

Guttate psoriasis is a subtype of psoriasis characterized by acute eruption of numerous small, erythematous papules and plaques. It usually occurs in children and adolescents, but it can also occur in other age groups. Streptococcus infection is an important risk factor which can usually precedes its development by 2-3 weeks; although, the relationship between streptococcal infection and guttate psoriasis is not fully understood. Although diagnosis is based on clinical, but in the difficult cases, skin biopsy is needed. Differential diagnosis includes



**Fig. 1** Extensive guttate erythematous lesions.