

Lichen Nitidus

A 1 month-old baby presented with whitish pinhead sized papular lesions below the lower lip for 7 days. The baby had no other complaints. On examination it was found to be a case of lichen nitidus (**Fig. 1**). Lichen nitidus is a common, benign skin condition. It consists of small, white to skin colored papules on the skin that tends to appear in clusters. It can be seen in any age group but mostly affects children. It is a usually self limiting with no complications. It needs to be differentiated from milia, lichen scrofulosorum and keratosis pilaris. A biopsy usually clarifies the diagnosis.

It usually appears on trunk, legs and forearms but may also be seen on palms, soles and rarely on the face as was the case with this patient. Apart from occasional itching it does not cause any other problem but may give rise to cosmetic problems. Therapy may be given because of cosmetic reasons in the form of topical steroids (fluorinated group of steroids), antihistaminics and topical retinoids. Oral prednisolone and methylprednisolone have been used in generalized disease.



FIG. 1 *Lichen nitidus lesions over chin.*

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Generalized Pustulosis

An 11 year-old boy presented with generalized skin rash and fever of two days duration following intake of cefadroxil for the treatment of a boil, 24 hours prior to the eruption. Examination revealed superficial, tiny, non-follicular pustules on an erythematous background particularly involving the abdomen, chest, neck, upper limbs (**Fig. 1**), back, and buttocks (**Fig. 2**). The scalp, palms, soles, nails, and mucosae were uninvolved. Systemic examination was

unremarkable apart from mild fever. Gram staining and culture of pus taken from the lesions were noncontributory. Histopathology showed spongiosis, sub-corneal pustules, perivascular polymorphonuclear infiltrate, and dermal edema. Investigation revealed polymorphonuclear leucocytosis ($8 \times 10^9/L$) and normal eosinophil count. Other routine laboratory investigations were normal. A patch test reaction with cefadroxil was positive.

The diseases considered in the differential diagnoses in this child were impetigo, pustular psoriasis, drug reaction with eosinophilia and