Genital Bullous Impetigo in a Child

A 6-year-old girl presented to us with a 7-day history of genital eruption. She was initially diagnosed with eczema herpeticum and treated with systemic acyclovir without any improvement. On dermatologic examination, there were erosions and hematic crusts on the peri-nasal area, the chin, and the vulva. The vulvar area was erythematous with vesicles and crusted and eroded erythematous plaques surrounded by a collarette of blister roof (**Fig. 1**). The patient was afebrile and the remaining physical examination, including lymph nodes, was normal. Bacterial culture of vesicle fluid was positive for methicillin-sensitive *Staphylococcus aureus*. A diagnosis of bullous impetigo was made. The patient was treated with oral amoxicillin-clavulanic acid alongwith chlorhexidine body wash. The lesions fully resolved within four days.

Genital bullous impetigo is an uncommon form of impetigo. It can be misdiagnosed for other vesiculating rashes such as varicella, eczema herpeticum, and linear IgA bullous dermatosis. However, it is distinguished clinically from these conditions by the presence of vesicles, flaccid blisters scaling in collarette, and children are well-appearing even in case of widespread bullous impetigo. Topical antibiotics are the first-choice treatment, and systemic antibiotic therapy is required in disseminated cases.

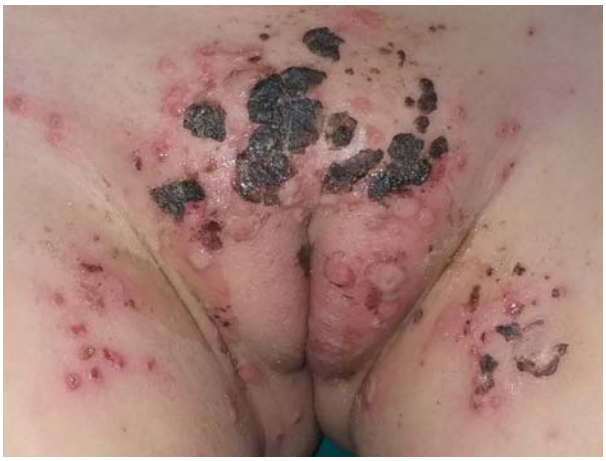

Fig. 1 Vesicles, hematic crusts and scaling in a collarette over the genital area.

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Infantile Digital Fibromatosis

A 6-month-old female patient presented with swelling in a finger of the left hand. Physical examination revealed a 1x1 cm firm, painless, nodular mass on the medial aspect of the distal phalanx of the fourth finger. On pathological examination of the excised mass, the patient was diagnosed as infantile digital fibromatosis (IDF). Nine months later, soft tissue masses of 1x1 cm formed at the operation site and also on the posterolateral surface of the distal phalanx of the third finger (**Fig. 1**). No treatment was administered since the tumor had a benign character, recurred after surgical treatment, and did not cause pain or loss of function.

Skin and subcutaneous nodules that occur among infants are typically benign, but malignant lesions like rhabdomyosarcoma, fibrosarcoma, neuroblastoma and congenital leukemia, may occur as well. IDF is a rare benign childhood tumor that presents almost exclusively in the fingers or toes. The lesion is typically firm and painless and presents on the dorsal, lateral, or ventral aspect of a finger as an erythematous or skin-colored, solitary papule less than 2 cm in diameter. Medical or surgical treatment may be required for lesions causing functional impairment. In medical treatment, topical steroids, intralesional steroids and topical tacrolimus treatment are applied. Recurrence occurs in 60-75% following surgical excision. As the lesions regress spontaneously over several months to years, observation is recommended in cases without pain or dysfunction.

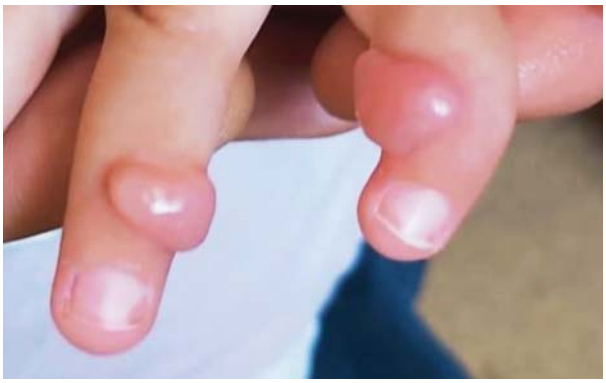

Fig. 1 Skin-colored firm nodules on the distal phalanx of the third and fourth fingers.

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