

Dermatology Digest

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FIGURE 1
A rash on a
mother (hand)
and her daughter
(arm)

Does this young girl have the same rash as her mother?

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›CASE

A 30-year-old mother and her 8-year-old daughter presented with rashes on their arms and hands (Figure 1). The mother had longstanding, poorly controlled psoriasis vulgaris, but now she had a new and even bigger problem: a rash developed on her daughter that the child had never had before. Both Mom and the child's pediatrician were puzzled about the cause of the child's new rash, which had begun almost 3 months ago and was now so florid as to be alarming. The girl's rash first appeared within 2 weeks after resolution of a streptococcal throat infection. The rash was itchy and getting worse by the day. The child had also gotten a new kitten from the animal shelter shortly before this had all begun. Topical clotrimazole was of no help. The mother was worried about a possible diagnosis of psoriasis but noted that the child's rash looked completely different from her own.

Physical examination The child's rash was composed of discrete pinkish-orange round scaly papules, nodules, and plaques. These were most dense on the child's face, but a great number were also on her arms, trunk, and legs. Ranging in size from pinpoint to 2 cm, the lesions averaged about 1 cm and were uniformly covered with a loose white scale on a salmon-pink base. KOH (potassium hydroxide) test was negative. There was no involvement of the child's elbows, knees, scalp, or nails.

›THE LIKELY DIAGNOSIS IS

- *Dermatophytosis*
- *Nummular eczema*
- *Ringworm*
- *Guttate psoriasis*

›DISCUSSION

This child's rash was diagnosed as guttate psoriasis. Dermatophytosis and ringworm are different terms for the same disease, a superficial fungal

infection that she might well have contracted from the kitten. But a negative KOH finding and nonresponse to topical antifungal cream means these diagnoses are unlikely. Nummular eczema could easily have been the correct diagnosis, but it is unlikely to manifest so rapidly, and with so many lesions.

Treatment The tendency to develop guttate psoriasis is primarily related to two factors: (1) a family history of psoriasis and (2) recent streptococcal infection (of whatever type) as an immunologic trigger in a genetically-susceptible patient. Guttate psoriasis tends to appear on children far more often than on adults and can be fairly itchy and florid, as in this case. Adults or children with pre-existing psoriasis vulgaris can present with new lesions manifesting in part with a guttate morphology along with their usual plaques, but the typical patient with guttate psoriasis only has the droplike lesions.

The worrisome part of guttate psoriasis is its tendency to progress into permanent psoriasis vulgaris, which happens in up to two-thirds of cases. Therefore, the standard of care has become prompt treatment with topical corticosteroid cream, such as triamcinolone 0.025%, for the itching and an oral antibiotic to eradicate any residual streptococcal infection. Phototherapy with narrow-band UVB is often necessary, though it is somewhat impractical because it requires two to three office visits a week. The best thing primary care providers can do for these patients is to institute treatment but begin the referral process early on.

This condition is almost invariably misdiagnosed as "ringworm" by the nondermatology clinician, and certainly new kittens are a common source of a rather aggressive form of dermatophytosis caused by *Microsporum canis*. KOH testing is helpful in differentiating between this and psoriasis, but occasionally biopsy proves necessary. **JAAPA**