UNUSUAL CASE OF SCALP SWELLING

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POST DIPLOMA DNB PG
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COMPLAINT

- 1 month old female infant brought with
- c/o swelling noticed over right side of scalp for 5 days duration
- No other specific complaints
Birth h/o: insignificant, birth weight - 2.4 kg
Present weight 3.4 kg
on exclusive breast feeds
DIFFERENTIAL DIAGNOSIS

- ? Abscess
- ? Ulcerated hemangioma
INVESTIGATIONS

- CBC – high counts with lymphocyte predominance
- CRP - neg
- USG Cranium – normal
- Blood culture - sterile
TREATMENT

- Treated with i.v. antibiotics which was later stopped.
- Clinically child was not improving
- Dermatologist opinion was obtained who suspected fungal infection
- Hair sample was sent for fungal culture
- Antifungal - griseofulvin was started - 20mg/kg/day for 3 months
- Oral steroid was given for 1 week
Kerion means honeycomb
Most inflammatory form of Tinea capitis
Characterised by boggy tender nodular swelling with follicular pustules
Causative organism - Microsporum/Trichophyton
Pathogenesis - ID Reaction
CLINICAL FEATURES

- 5 to 15 years- Peak incidence in children
- Kerion is rare in neonate
- Earliest presentation- Day 6 of life (AAP-2001)
- So far 4 cases has been reported.
  - Mycoses - June 2004 (1 case – M.canis)
  - Pediatric dermatology – Aug 2010 (2 cases T.mentagrophytes from rabbit and 1 case T.ruhrum from father)
DIFFERENTIAL DIAGNOSIS

- Bacterial infection - Cellulitis/ Furunculosis
- Seborrheic dermatitis
- Alopecia areata
CONFIRMATION

- 10% KOH
- Wood’s lamp examination - M.canis, M.gypseum
- Immuno Fluorescence
- Cultures-SDA-2%
- Biopsy and HPE - PAS and GMS
- Immunological diagnosis - id reaction
TREATMENT

- General measures
- Topical therapy - ineffective
- Systemic therapy -
  - Griseofulvin is the drug of choice
  - Dose of 10-20mg/kg/day for 4 to 6 weeks – AAP
  - Griseofulvin resistant treated with Itraconazole (Mycoses- Nov 1994)
  - Other drugs- Azoles, Terbinafine
  - Steroids- Wolters Kluwer-2013
COMPLICATIONS

- Scarring
- Alopecia
- Spread to non-scalp area like face
- Contagious
TAKE HOME MESSAGE

✓ There is a high potential for clinical misdiagnosis especially by non-dermatologist

✓ It is essential for the dermatologist to ensure it is readily identified and properly treated on the first visit
SPECIAL THANKS

- Dermatologist
- Microbiologist