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CASE REPORT/CAS CLINIQUE

Successful treatment of severe kerion Celsi in an immunocompromised girl with evacuation of pus, terbinafine and short course glucocorticosteroids



Succès du traitement d'un kerion de Celse sévère chez une fillette immunodéprimée avec évacuation du pus, terbinafine et courte corticothérapie

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KEYWORDS

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Summary A 6-year-old girl with a 2-year history of idiopathic thrombocytopenic purpura complained of a 4-week history of scalp desquamation together with small pustules. During the recent 10 days, she complained of high fever with multiple abscesses formation with no response to intravenous antibiotics. She received varied doses of oral prednisone therapy for 2 years. Microscopy showed endothrix infection. We prescribed terbinafine 125 mg/d and prednisone 10 mg/d. After 1 week, she returned to our office with severe ache and persistent high fever. She refused any topical drugs because of pain. Manual pressure to remove pus from sinuses and infected scale under general anesthesia was done and about 100 ml pus was discharged from kerion lesions. Prednisone (1 mg/kg/d) was started and fever disappeared on the same day. Prednisone was tapered to withdraw in 10 days. A total of a 3-month course of oral terbinafine (125 mg/d) resulted in mycological clearance. Hair regrowth was satisfactory 8 months later.
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MOTS CLÉS

Kerion de Celse ;
Évacuation de pus ;
Trichophyton
mentagrophytes

Résumé Une fillette de six ans avec une histoire de purpura thrombopénique idiopathique depuis deux ans, présentait des anomalies du scalp avec depuis quatre semaines une desquamation et de petites pustules. Au cours des dix derniers jours, elle s'est plainte de fièvre avec abcès multiples sans réponse au traitement antibiotique par voie intraveineuse. Elle a reçu diverses doses de prednisone orale depuis deux ans. L'examen microscopie photonique a montré une atteinte de type endothrix. Sous traitement par terbinafine 125 mg/j et prednisone 10 mg/j, après une semaine, l'enfant revient en consultation avec fièvre, douleur sévère et persistante. Elle a refusé les médicaments topiques à cause de la douleur. L'évacuation du pus et des squames par compression manuelle sous anesthésie générale a retiré environ 100 ml pus du kérion. La prednisone (1 mg/kg/j) a été débutée et la fièvre a disparu le même jour. La prednisone a été graduellement arrêtée en dix jours. Un total de trois mois de terbinafine per os (125 mg/j) a entraîné la stérilisation mycologique. La repousse des cheveux était satisfaisante huit mois plus tard.

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Introduction

Tinea capitis is a common dermatophyte infection of the scalp in children. *Tinea capitis* can range from non-inflammatory scaling resembling seborrheic dermatitis to a severe pustular eruption with alopecia, known as a kerion Celsi [1,4]. Kerion Celsi produces a painful, inflammatory, crusty matted mass, often associated with purulent discharge and regional lymphadenopathy. Kerion Celsi usually occurs as single lesion. However, severe kerion Celsi with multiple abscesses was occasionally reported in previous healthy childhood in China [7]. *Tinea capitis* requires treatment with oral agents to penetrate the affected hair shafts appropriately. Traditionally, griseofulvin is considered the treatment of choice, although newer agents have been developed. Limited treatment options complicate the clinician's (including the dermatologist) ability to address kerion Celsi in children [8]. We describe a severe kerion Celsi in a patient who was not responsive to antifungal therapy according to guidelines [1,4,10]. A surgical incision was not deemed

necessary and would complicate the necessary local treatment [11,12]. The patient was later successfully treated by adjuvant discharging pus from sinuses by manual pressure under general anesthesia without incision or excision.

Case report

A 6-year-old girl (20 kg body weight) with a 2-year history of idiopathic thrombocytopenic purpura complained high fever with multiple abscesses formation unresponsive to intravenous antibiotics for 10 days. She had received varied doses of oral prednisone therapy for 2 years. During the half year prior to admission, she took 5 mg/d of prednisone. She had a 4-week history of scalp desquamation together with small pustules. Physical examination showed multiple scalp tender abscesses with pustules and a purulent discharge from the sinuses (Fig. 1A B) with both postauricular lymphadenopathies. Potassium hydroxide (KOH) examination of pus and ill-hairs was positive (Fig. 2). Microscopy showed endothrix infection (Fig. 2B). The patient was treated with terbinafine



Figure 1 A, B. Multiple scalp abscesses with purulent discharge from sinus.
A, B. Écoulement purulent du cuir chevelu avec des abcès multiples et des fistules.

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