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An 8-year-old girl was referred to our dermatology clinic with asymptomatic eruptions on her trunk and proximal extremities. Clinical manifestations started suddenly six days before. Dermatological examination demonstrated crops of numerous reddish papules and pustules on her trunk and proximal extremities. A few lesions manifested with central necrosis with hemorrhagic crust (Figure 1). There was no mucosal involvement. She was otherwise healthy and had no abnormality in physical examination.

The child did not have any history of triggering episodes, including drug intake, infection or vaccination. Laboratory investigations presented a normal count of blood cell, normal liver and renal functions and normal levels of C-reactive protein.

Histopathological examination demonstrated parakeratosis. Epider-



FIGURE 1: Numerous reddish papules partially covered with hemorrhagic crust were found on the trunk.

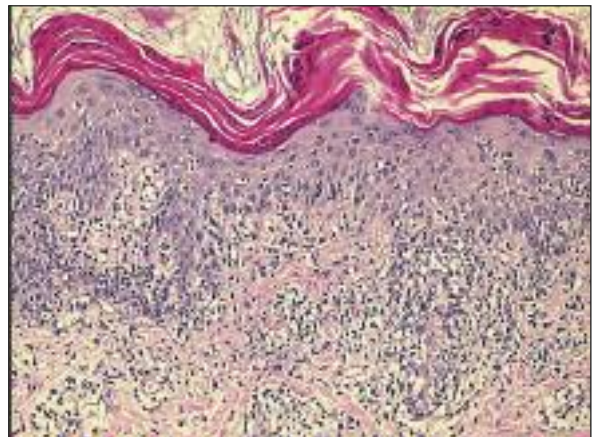


FIGURE 2: Note the epidermal and dermal changes including spare erythrocyte extravasation, intraepidermal vesiculation, focal disappearance of the dermal-epidermal junction, dermal and epidermal inflammation, and parakeratosis. (Hematoxylin-eosin, X100)

mal and dermal changes including sparse erythrocyte extravasation, intraepidermal vesiculation, focal disappearance of the dermal-epidermal junction, and dermal and epidermal inflammation were also detected. There were large accumulations of lympho-

cytes, primary CD8+ T cells, about the vessels. The infiltrating cells showed no atypia (Figure 2).

On the basis of given medical history, physical examination, laboratory data and histopathological findings, what is your diagnosis?