Crusted or Norwegian scabies is an uncommon, highly contagious parasitosis of the skin, affecting mainly the trunk and scalp, nail dystrophy and fissures in the hands and feet. The main complication is the secondary infection. A 4-month-old baby boy, previously healthy, was admitted with a report of a progressive seborrheic dermatitis despite corticosteroids continuously in the last 2 months. On examination, the patient revealed leukocytosis, thrombocytopenia, and an increase of inflammatory markers. Laboratory tests revealed a burrow with the scabies mite in the papillary dermis. The evolution was unfavorable and the abusive use of glucocorticoids precipitated crusted scabies and the main complication, secondary infection and sepsis. The patient developed septic shock and despite the treatment the child was not certainly treated. The abusive use of glucocorticoids precipitated crusted scabies and the main complication, secondary infection and sepsis. The evolution was unfavorable and the child died despite effort attending physicians.

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Crusted scabies caused by indiscriminate use of glucocorticoid therapy

P8024

Crusted scabies caused by indiscriminate use of glucocorticoid therapy

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Crusted or Norwegian scabies is an uncommon, highly contagious parasitosis of the skin caused by Sarcoptes scabiei var. hominis. It affects mainly immunosuppressed patients (topical or systemic glucocorticoid therapy, AIDS, human T lymphotropic virus 1 infection, organ transplant patients). Clinically, it presents with hyperkeratotic dermatitis, acral distribution and the patients may harbor a million mites. The main complication is the secondary infection. A 4-month-old baby boy, previously healthy, was admitted with a report of a progressive seborrheic dermatitis despite treatment. The patient was treated with oral doxycycline combined with insulin and zinc hyaluronate twice a day, and continued to use ART. After 8 weeks, the lesion was completely healed. This is the first severe case of genital ulcer caused by Donovonosis and is concurrently diagnosed with urethritis fibroids in HIV/AIDS patients. Since the lesion was assessed severity and prognosis of difficult healing, in the first time we used more insulin and zinc hyaluronate which were used widely and proved effective on the treatment of skin wounds, to care for lesion in place, combined with doxycycline which was recommended on the treatment of Donovonosis. After 8 weeks of treatment, the lesion was completely healed, we evaluated that it was rapidly improved for such a severe case of genital ulcer in HIV/AIDS patients. Therefore this new combination therapy showed great therapeutic effectiveness on the treatment of Donovonosis, especially for severe lesion cases.

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Cutaneous botryomycosis in a patient with advanced Fanconi anemia

P7550

Cutaneous botryomycosis in a patient with advanced Fanconi anemia

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We report a case of a 22-year-old female from Ghana who presented with a 1-month history of painful lower extremity ulcerations. Her medical history was significant for Fanconi anemia. She had a bilineage cytopenia with lymphopenia present for the past 2 years. She denied ulcerations or other skin problems before immigration. She had no fevers and otherwise only complained of fatigue. The ulcerations appeared as ragged yellow edematous punched out ulcerations interspersed with fine white granules that later became crusty. Aside from anemia, leukopenia with neutropenia and decreased absolute lymphocyte count, all laboratory assessments and cultures were negative. Punch biopsies showed a perivascular and interstitial dermatitis, extensive necrosis, and inflamed granulomatous tissue. Initial fungal, acid-fast bacillus, and spirochete stains and tissue cultures were negative. She underwent a debridement, and cultures returned positive for methicillin-sensitive Staphylococcus aureus and Peptostreptococcus magnus. The clinical picture of the patient, characteristic bacteria isolated, location of involvement, immunocompromised status, and supportive histopathology led us to the diagnosis of botryomycosis. After diagnosis, she showed significant improvement with appropriate antimicrobial therapy. Our case portrays the key aspects of a patient with this rare diagnosis, an infection that typically affects those with a cell-mediated immunodeficiency. Botryomycosis characteristically occurs on the lower extremity, and common pathogens are S aureus and anaerobes, such as Peptostreptococcus. Skin manifestations of botryomycosis include nodules, fistulae, and ulcers with yellow to white 1-3 mm grains and purulent exudate. Histopathology is usually a nonspecific inflammatory infiltrate, but the Splendore–Hoepli phenomenon is the most diagnostic finding if present. As in our patient, treatment of botryomycosis often requires debridement and long-term antibiotic therapy for complete resolution.

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Cutaneous leishmaniasis in the United States: A case and review

P7870

Cutaneous leishmaniasis in the United States: A case and review

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Leishmaniasis is a protozoan infectious disease caused by organisms of the genus Leishmania. The disease causes a wide variety of clinical manifestations, depending both on the infective species and the immune status of the host. In the United States, infection occurs most often in travelers, but several cases have been reported in native-born US residents without a travel history. Here, we present the case of a pediatric patient from Oklahoma diagnosed with cutaneous leishmaniasis despite having a travel history significant only for travel to Corpus Christi, TX. The patient’s case was locally persistent and recurrent over the course of 1 year despite treatment with liquid nitrogen cryotherapy. Because of the concern over side effects with systemic treatments, treatment with topical ketoconazole cream was attempted. The patient was treated with topical ketoconazole cream for 3 months. Six months following cessation of treatment, the lesion showed no signs of recurrence. This case will also review cutaneous leishmaniasis, including its presentation, histopathology, differential diagnosis, and treatment.

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