Correspondence

To the Editor:

A case of pyoderma faciale

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Introduction

Sudden eruption of inflamed papules and yellow pustules in the centrofacial region has been termed pyoderma faciale[1]. As this is related to rosacea it is also called rosacea fulminans[1,2].

Patients are typically young and are more often females. Disease may begin with very little prior history of rosacea. In some cases interconnecting sinus tracts may also be seen[3]. Comedones on the face are minimal or absent. The trunk is usually spared[1,3].

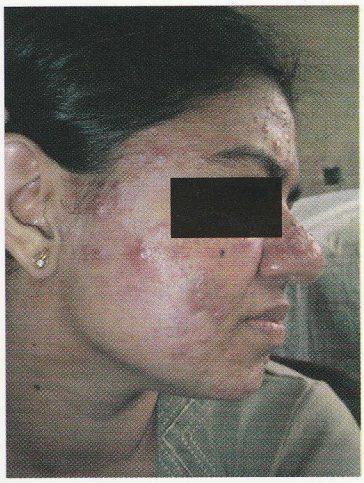

Figure 1.

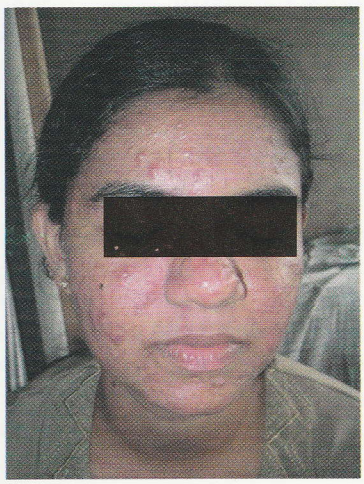

Figure 2.

Case report

A 19-year old girl who has had mild acne rosacea for 3 years, recently presented to Teaching Hospital, Karapitiya with a severe painful facial eruption of two weeks duration. There was no history of fever, myalgia or arthralgia. Examination revealed erythe-matous tender papules (Figure 1), pustules, cysts and sinuses on oedematous and erythematous skin on the centrofacial region of the face (Figure 2). There were no comedones. She was anxious and depressed. No other abnormalities were detected

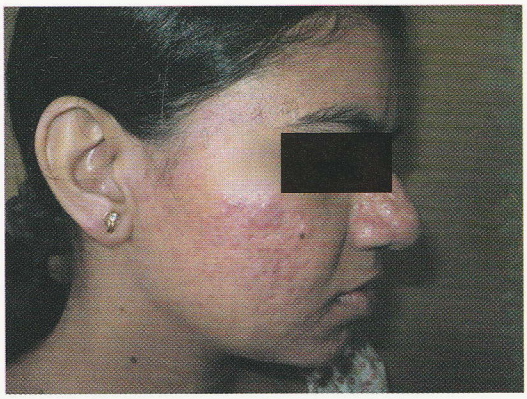

Figure 3.

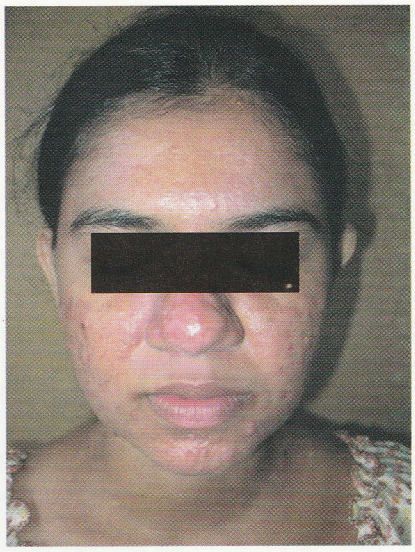

Figure 4.

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Her pus culture was sterile.

Treatment was commenced with oral prednisolone 0.5 mg/kg/day, and isotretinoin and erythromycin gel at night and metronidazole gel mane as topical applications. A marked improvement was noted (Figures 3 & 4) after two weeks of treatment.

Discussion

Pyoderma faciale occurs most often as an abrupt onset of deep inflammatory cystic lesions on the face of females of the 3rd decade who have no history of acne in the past[3]. Previously this was considered a variant of acne, but according to recent literature it is considered as a severe form of rosacea[4].

Recommended therapy has been a brief course of systemic steroids accompanied by high potency topical steroids, followed by 3-4 moths of isotretinoin[3].

Our patient responded well to a combination of systemic steroids and topical agents.

Lack or delay of proper treatment can result in complications such as scarring and disfigurement.

We report this case, due to its rarity and to highlight the importance of correct diagnosis and appropriate treatment.

References

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