

Infantile Acne Previously Misdiagnosed with Atopic Dermatitis

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Abstract

Observation: Infantile acne is a rare disease and is sometimes misdiagnosed. Herein, we report a case of infantile acne which was diagnosed with atopic dermatitis and treated with topical steroids without a benefit.

Introduction

Infants may rarely develop acne. Infantile acne is mostly comedonal and limited to the face. It is sometimes mixed with bacterial folliculitis and other acneiform eruptions [1]. Herein, we report a case of infantile acne which was previously misdiagnosed with atopic dermatitis and treated with topical corticosteroids without an improvement.

Case Report

A 6-month-old male presented with facial eruption lasting for one month to our dermatology outpatient clinic. He was misdiagnosed with atopic dermatitis and given a mild topical steroid. His mother has applied the drug on her baby's face for two weeks without a benefit.

Dermatological examination revealed multiple closed comedones, inflammatory papules, and pustules on the cheeks and nose (Figure 1). The baby did not have virilizing signs and symptoms such as pubic hair, accelerated growth and adult body odor, and otherwise healthy. Diagnosis of infantile acne was made, and benzoyl peroxide (2.5%) plus erythromycin gel was started without an efficient outcome. Afterwards, the therapy was

switched to a short course oral azithromycin and topical fusidic acid. The symptoms resolved by this treatment regimen.

Discussion

If 3-6 months old baby has acne, it is classified as infantile acne and it typically resolves within 1-2 years [2]. The cause of infantile acne is unknown. Genetic factors may play role in origin. It is not usually due to exces-



Figure 1. Papul, pustules and closed comedones on the face of 6-month baby

sive androgenic hormones and children with infantile acne are usually otherwise quite normal in appearance [2]. Our case showed no hyperandrogenic sign and symptoms except acne lesions predominantly located over cheeks, so we did not need a detailed hormonal investigation.

Atopic dermatitis generally involves cheeks as erythematous lesions, unfamiliar eyes may sometimes confuse both entities [3]. Topical corticosteroids are the treatment of choice for most of the cases with atopic dermatitis but topical corticosteroids can worsen acne lesions even may result in scar formation [3]. So

that it is essential to differentiate infantile acne from atopic dermatitis in order to prevent scar formation.

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