Guttate Psoriasis Triggered by Streptococcal Intertrigo in a 2-Month-Old

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Introduction

Streptococcal infections are a well-documented trigger for guttate psoriasis. Despite Strep infections being a common cause of intertrigo in neonates and infants, guttate psoriasis is rarely reported in this age group. Here we present a case of guttate psoriasis triggered by combined *Staphylococcus* and *Streptococcus* intertrigo in a 2-month-old.

Case Presentation

An undervaccinated two-month-old male with X-linked adrenoleukodystrophy developed a red scaly rash in the neck folds which then progressed to a generalized papular eruption. He was afebrile and otherwise healthy.

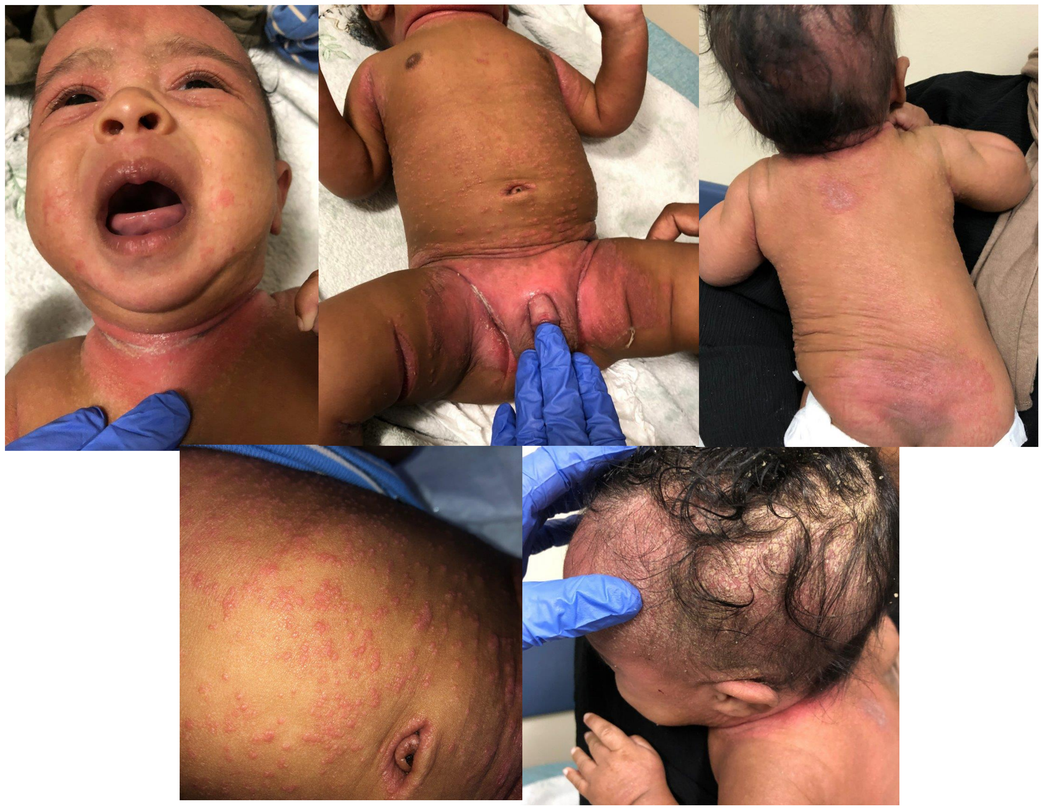
Initial treatment with topical hydrocortisone 1% cream and nystatin powder had limited response. The patient was referred to dermatology, where he presented with physical exam findings of numerous, pink, round, scaly papules on the trunk and extremities. Erythematous macerated thin plaques were present in the skin folds. There was thick greasy scale on the scalp, along with cervical and inguinal lymphadenopathy (Figure 1).

Bacterial cultures from the axilla grew 4+ *Streptococcus pyogenes* and 2+ methicillin-sensitive *Staphylococcus aureus.*

Taken together, these findings were compatible with guttate psoriasis associated with bacterial intertrigo. The differential diagnosis in infants with intertriginous erythema and papulosquamous dermatitis includes inverse psoriasis. Guttate psoriasis can present with other forms of psoriasis. In our case, attributing the intertrigo to inverse psoriasis would have impeded treatment of the patient. Fortunately, the patient experienced rapid improvement with oral cephalexin and topical fluocinolone, ketoconazole, and mupirocin

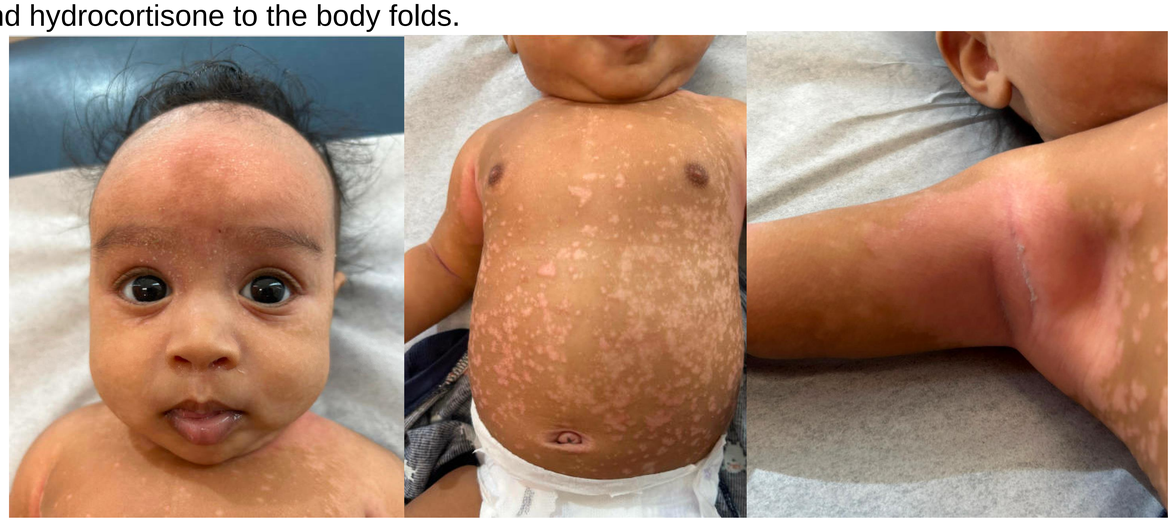
Physical Examination

Figure 1. Physical Exam Findings.



Follow-Up

The patient presented 11 days later for follow up with significant improvement and had hypopigmentation and mild seborrheic dermatitis of the skin folds and scalp. Antibiotics were completed and he continued his topical medications as well as a 1:1 mixture of ketoconazole and hydrocortisone to the body folds.



Summary

To our knowledge, there are no other cases in the literature describing guttate psoriasis in infancy or triggered by *Streptococcal* intertrigo. Although rare, *Streptococcal* intertrigo should be considered as a trigger for guttate psoriasis.

Other diagnoses to consider include seborrheic dermatitis, atopic dermatitis, intertrigo with or without secondary infection, viral exanthem, pityriasis rosea, scabies, erythrasma, and more rarely Langerhans cell histiocytosis and acrodermatitis enteropathica.

Treatment of an active underlying infection may be curative. Topical anti-inflammatory medications may be needed as well.

This case highlights *Streptococcal* intertrigo as a trigger of guttate psoriasis and emphasizes the importance of searching for underlying sources of *Streptococcal* infection.

References

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