PAEDIATRIC DERMATOLOGY

FAMILIAL ERUPTIVE PSEUDOANGIOMATOSIS: A RECURRENT CLINICAL PRESENTATION

Cristina García Harana [1] - Javier Del Boz González [2] - Laura Padilla España [3] - José Francisco Millán Cayetano [2] - Pablo García Montero [2] - Magdalena De Troya Martín [2]

Hospital Costa De Sol, Dermatology, Marbella, Spain [1] - Hospital Costa Del Sol, Dermatology, Marbella, Spain [2] - Hospital Universitario Virgen Macarena, Dermatology, Sevilla, Spain [3]

Background: Eruptive Pseudoangiomatosis (EPA) is a rare benign exanthema characterized by an eruption of asymptomatic to mildly pruritic erythematous papules surrounded by a pale halo, appearing on photo exposed body areas. EPA appears more frequently in children, with prodromal symptoms such as fever, diarrhea or respiratory infections, and lesions have spontaneous resolution after 10-15 days without residual marks. Pathogenic mechanisms are unknown, and a debatable viral etiology has been postulated.

Observation: A 7-year-old girl was referred for an episode of asymptomatic erythematous lesions for a 10 day duration, located in the facial region and arms. The patient reported previous self-limited episodes at the age of 5 without prodromal symptoms. Parents reported similar lesions in the patient's grandmother since her fourth decade of life, with numerous relapses (1-2 monthly episodes). Clinical examination of both patients revealed several 2-3 mm red angiomatous papules, mostly surrounded by a whitish halo, located on both forearms and cheeks. A skin biopsy was performed on both women, being compatible with the diagnosis of EPA. After one year of follow-ups, both patients continue to present periodic skin eruptions without associating other accompanying symptoms.

Key message: A recurrent clinical presentation of familial EPA is rare. Only 5 cases have been reported on two families, and the condition being found only in the children. In these reported cases, relapses occurred in a limited number and during two years after the initial episode, with one of the families presenting a single simultaneous relapse. However, in our patients, the relapse occurred with more frequency, and in the adult patient for more than 10 years since their first episode. This recurrent familial presentation could suggest a genetic susceptibility to the development of this process, although we have not found evident triggers.