

IMAGES IN PAEDIATRICS

Lymphoproliferative disorder under the appearance of mask-related folliculitis



Trastorno linfoproliferativo bajo apariencia de foliculitis por mascarilla

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A patient aged 8 years sought care for a lesion in the right cheek with onset 4 months prior and no history of insect bite. The followup by the paediatrician was carried out by telephone on account of the restrictions to in-person care placed during the COVID-19 pandemic. Initially, the suspected diagnosis was folliculitis associated with mask use, for which the neologism *maskne* has been coined.

Successive treatment with topical antibiotics (clindamycin and mupirocin) and an oral antibiotic (cefadroxil) achieved no improvement, and the lesion continued to grow. The patient presented with a plaque measuring about 3 × 3 cm in the malar region, elastic and eroded on the surface (Fig. 1). A polymerase chain reaction test for detection of *Leishmania* on skin scrapings was negative. Examination of a biopsy specimen led to histological diagnosis of cutaneous CD4+ small/medium T-cell lymphoproliferative disorder (CSMLPD) (Fig. 2). The patient received topical



Figure 1 Plaque measuring about 3 × 3 cm in the malar region.

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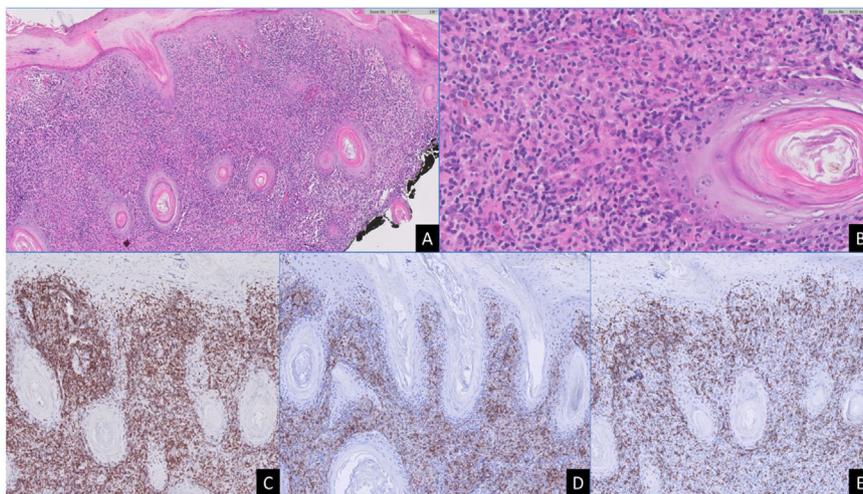


Figure 2 Histology of cutaneous CD4+ small/medium T-cell lymphoproliferative disorder. (A) Dense lymphocytic infiltrate in the superficial and deep dermis (haematoxylin and eosin stain [H&E] $\times 100$). (B) At higher magnification, lymphocytes showing moderate atypia in the perifollicular zone (H&E $\times 400$). The lymphoid infiltrate was positive for CD3 (C) and CD4 (D) markers, accompanied by a minority of CD8 cells (E) (C–E: $\times 400$).



Figure 3 Hyperpigmented macule with milia on the surface without evidence of infiltration on palpation.

treatment with clobetasol propionate, with improvement of the lesion at 1 month of treatment (Fig. 3).

Cutaneous CD4+ small/medium T-cell lymphoproliferative disorder is a primary cutaneous lymphoma provisionally classified as a proliferative disorder to emphasize its benign course and discourage aggressive systemic treatment.¹ The differential diagnosis includes other cutaneous T and B cell lymphomas, reactive lymphoproliferative disorders, pseudolymphoma and lupus erythematosus tumidus.² Treatment options include surgery, topical or intralesional steroids and phototherapy.¹

The prolonged use of masks during the COVID-19 pandemic has been associated with the development and worsening of facial dermatoses.³ Their increased prevalence and the widespread use of the term *maskne* may obscure and result in underdiagnosis of other, more complex³ or infrequent disorders. An appropriate differential diagnosis must be carried out, as not everything is *maskne*.

References

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