An healthy girl aged 7 months presented with papules in the diaper area with onset 2 months prior. The mother reported that the patient had no history of diarrhoea or any other associated illness, and previous treatment with 25% zinc oxide and antifungals without improvement. The examination revealed multiple millimetric perifollicular whitish keratotic papules arranged linearly on erythematous skin, hard and rough to the touch, in the perianal area and between the buttocks (Fig. 1). The patient was tested for fungal disease, and the results of the direct skin lesion 20% potassium hydroxide exam and culture were negative; gram staining of a specimen revealed numerous gram-positive cocci and few epithelial cells, consistent with a diagnosis of infantile anogenital digitate keratoses (IADK). Application of petroleum jelly in each diaper change was prescribed, achieving full resolution of the problem within 4 weeks, after which there was no recurrence.

Infantile anogenital digitate keratoses is a follicular disorder whose pathogenesis is unknown and has been proposed

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as an additional subtype of digitate keratoses. This spectrum of disorders is characterised by the development of millimetric keratotic digitate papules, firm and rough spiked projections of a whitish-yellowish-pinkish hue in the anogenital area in infants, sparing other locations. Lack of knowledge about IADK results in misdiagnosis and unnecessary treatments and procedures. The approach to its management includes reassuring the parents, follow-up and topical barrier cream.

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References
