Picture of the Month

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A FULL-TERM-BORN WHITE BOY DEVELOPED SEvere eczema soon after birth and seemed poorly responsive to topical medications. Family history revealed atopy in the mother and paternal grandfather. The recurrence of skin infections and otitis media prompted laboratory testing at age 2 years, which showed marked hypogammaglobulinemia involving all immunoglobulin subtypes. Parenteral immunoglobulin and prophylactic antibiotic treatments were commenced and he improved.

When seen at age 5 years, he still had widespread chronic eczema. In addition, erythematous and infiltrative lesions surmounted by scales and crusts were evident in a circinate pattern (**Figure**). Scalp and eyebrow hair did not show any abnormality clinically or on dermatoscopic and microscopic examination. Multiple skin cultures isolated methicillin-resistant *Staphylococcus aureus*. Serum IgE and blood eosinophil levels were elevated; dosage of specific IgE showed positivity toward several airborne and food allergens. Topical emollients, corticosteroids (hydrocortisone butyrate, triamcinolone), calcineurin inhibitors (tacrolimus, pimecrolimus), bleach baths, and nasal mupirocin achieved only mild improvement of cutaneous lesions. The diagnosis was achieved by genetic testing.

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See http://www.archpediatrics.org for the Picture of the Month Web Quiz: What is your diagnosis?

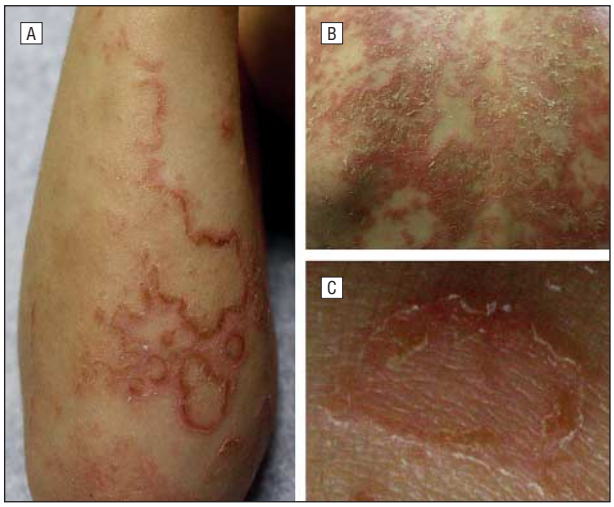

Figure. Lesions and plaques. A, Raised, linear, serpiginous, and crustous lesions on a slightly erythematous background on the right forearm. B, Erythematous-scaly and confluent plaques on the back. C, An annular lesion showing double-edged scaling, ie, scales are present and partially detaching on both edges of the lesion.