

Picture of the Month

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A 3-YEAR-OLD GIRL PRESENTED TO OUR hospital with a 20-month history of a non-healing crusted lesion on her left cheek. The lesion had suddenly appeared as a red patch with some swelling and occasional oozing. There was no previous trauma. Treatment with topical and systemic antibiotics and topical corticosteroids did not alter the lesion. The family had 2 pet cats, and a travel history revealed a trip to Greece 2 years earlier. On examination there was a solitary erythematous plaque with central crusting and mild

swelling measuring 2×2 cm on the left cheek but no lymphadenopathy (**Figure 1**). Bacterial and fungal swab test results were negative and complete blood cell count, C-reactive protein, and renal and liver function test results were normal. A skin biopsy was performed and the histopathologic examination was consistent with a mixed granulomatous inflammation. Periodic acid-Schiff, Brown-Brenn, Ziehl-Neelson, and Giemsa staining as well as tissue cultures for fungi and bacteria, including mycobacteria, were negative. Following appropriate treatment, the lesion resolved completely (**Figure 2**).

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



Figure 1. Solitary nonhealing erythematous plaque with central crust on the left cheek.



Figure 2. Mild residual telangiectatic erythema 5 months after therapy.