3-MONTH-OLD AFRICAN AMERICAN BOY presented to the dermatology clinic for evaluation of scalp lesions that were not improving with topical or oral antifungal medications. These lesions were present at birth but enlarged by 2 weeks of age. The infant had no other systemic symptoms. Maternal history was significant for mixed connective tissue disease.

Physical examination revealed a thriving infant with 2 erythematous plaques with well-demarcated borders and central atrophy on the left parietal scalp and postauricular region (Figure). The remainder of his physical examination was unremarkable. Laboratory studies revealed an elevated aspartate aminotransferase level of 339 U/L (reference range, 10-60 U/L) (to convert to microkatal per liter, multiply by 0.0167) and alanine aminotransferase level of 364 U/L (reference range, 5-50 U/L) (to convert to microkatal per liter, multiply by 0.0167) but an otherwise normal complete blood cell count and normal comprehensive metabolic profile.

Author Affiliations: University of Missouri–Kansas City Medical School (Dr Adil) and Sections of Dermatology (Dr Horii) and Rheumatology (Dr Hoeltzel), Children’s Mercy Hospitals and Clinics, Kansas City.