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Papular Acrodermatitis of Childhood (The Gianotti-Crosti Disease)*

An Australia Antigen Disease

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This syndrome characterized by distinctive lenticular, rounded erythemopapular lesions on face, neck, buttocks and limbs, was first described by Gianotti in 1955. In addition lymphadenopathy involvement of subcutaneous glands, and viral write separately hepatitis accompanied by the usual changes in plasma enzymes and in liver function tests are reported.[1, 2, 3]

This entity has also been termed "Infantile Papular Acrodermatitis", "Infantile Lichenoid Acrodermatitis" and "Gianotti's Disease.[4, 5, 6]

Although several cases have been published in European literature,[1-6] this is the first case of Gianotti's disease published from this country, to the best of our knowledge.

Case Report

An eight year-old boy was admitted to Gevher Nesibe Medical Faculty Hospital in February 1977 with a history of jaundice and papular eruptions on the legs and forearms for ten days duration. There was no known recent contact with any infectious disease, and no history of recent drug administration.

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Physical Examination showed a healthy, well nourished male child (24 Kg) without fever (37°C). The cutaneus findings consisted of papular, monomorphic, non-itching lesions, symmetrically spread write separately over buttocks, forearms and legs (Figure 1 and 2). The palms and soles, as well as the mucous membranes, were entirely normal. On examination of the abdomen, the liver border extended 1 cm below the right costal margin. Numerous lymph nodes were palpable in the axilla and in both inguinal areas. Skin was mildly icteric. Findings of other systems were not contributory.

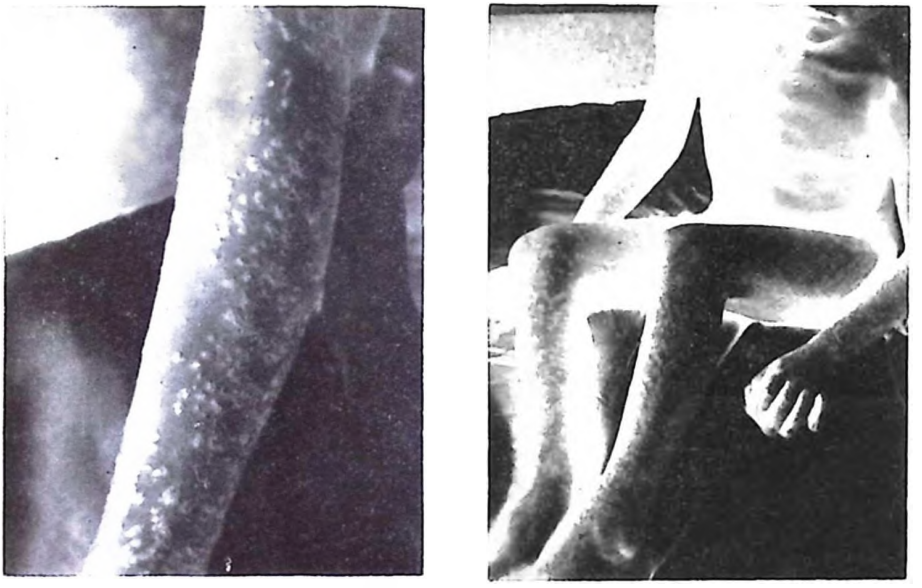

Figure 1 and 2

Lesions

Not: The pictures of lesions are given in negatives to show them more clearly.

The hemoglobin was 11.8 g/dl. Leukocyte count on admission was 14.500/ml. Only abnormal findings in urinalysis was the bilirubinuria (3+). Serum SGOT (700 u), SGPT (500 u), total bilirubin (9.9 mg/dl; direct bilirubin 7.7 mg/dl) were found to be elevated and HB_sAg was positive. Stool and throat cultures did not disclose any bacterial pathogens.

A skin biopsy showed a perivascular mononuclear inflammatory cell infiltration with abundant Langerhans cells in the epidermis. By the 10th day of admission, all skin eruptions had disappeared and the patient was discharged in good health. Follow-up showed the patient to be symptom-free, with no evidence of jaundice or hepatomegaly.

Discussion

Infantile papular acrodermatitis is a distinct clinical entity characterized by a non-itching, non-relapsing erythematous papular skin eruptions on face and limbs; lymphadenoptahy and hepatitis with abnormal liver functions might be also present. Gianotti reported a close association between HB_sAg and this entity[2] and Ishimaru et. al.[7] detected HB_sAg in 88 % of 55 cases. According to London,[8] it is an immune complex disease.

HB_sAg and anti HB_s might also (write separately) be responsiblefor several entities, such as polyarteritis, glomerulonephritis, essential mixed cryoglobulinemia and polymyalgia rheumetica. Immune complex disease with the different manifestations are explained by the excess of HB_sAg or anti HB_s. In glomerulonephritis polyarteritis and Gianotti's disease HB_sAg is in excess but anti-HB_s is higher than the antigen in mixed cryoglobulinemia and polymyalgia rheumatica.

The hepatitis in Gianotti's disease is the viral type and usually without jaundice which occurs in only 5 % of the cases. Histopathological changes are characteristic of so-called viral hepatitis, which persists for about two months. This syndrome occurs more frequently before 5 years of age but jaundice appears in older cases as in our patient. The contagiousness of the disease appears to be low and only occasionally more than one case occurs in a family. Sometimes 5-10 % atypical mononuclear cells are seen in the peripheral blood smear but the Paul-Bunnel test is always negative. Children with Down's syndrome seem to be predisposed to Gianotti's disease.

Summary

An eight year old boy with Gianotti's disease is described and new concept for its pathogenesis is shortly reviewed.

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