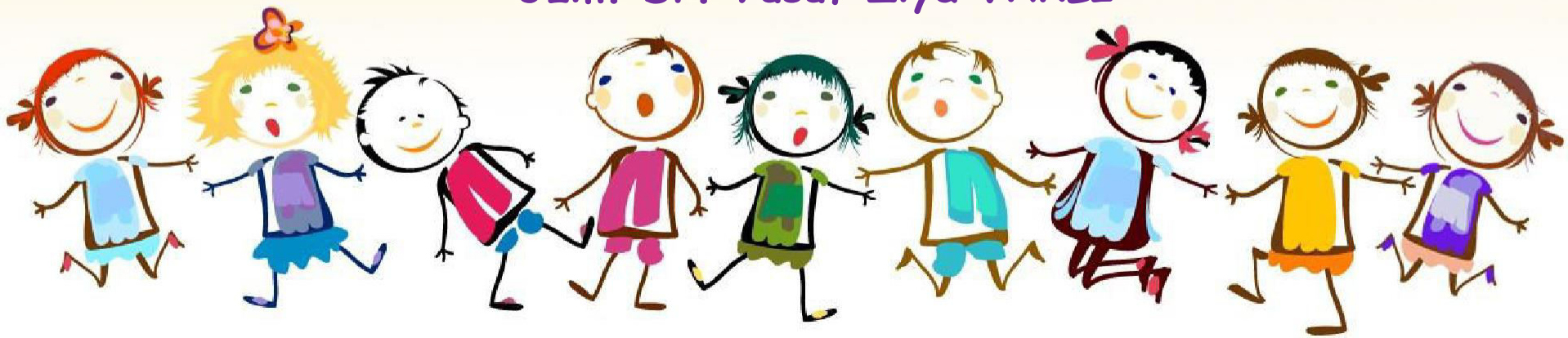
Kocaeli Üniversitesi Tıp Fakültesi Çocuk Sağlığı ve Hastalıkları Anabilim Dalı

Çocuk Alerji ve İmmünoloji Bilim Dalı

Olgu Sunumu

20 Ağustos 2024 Salı

Uzm. Dr. Yusuf Ziya VARLI



Olgu - Şikayet

✓10 aylık kız hasta

✓**Döküntü**

✓Hafif düzeyde huzursuzluk

✓Ateş Ø iştahsızlık Ø ek şikayet Ø

Öykü

- ✓**3 hafta** önce başlayıp kademeli olarak yaygınlaşan döküntü;
- ✓yüz, kol ve bacakların ekstensör yüzeylerinde belirgin hale gelmiş.

Özgeçmiş

- ✓Term, C/S, ydyb yatışı Ø
- ✓Bilinen atopi: Ø
- ✓İnternasyon/ağır enfeksiyon öyküsü/kronik hastalık Ø
- ✓Kullandığı ilaç: Ø
- ✓Tüm aşıları yaşına uygun yapılmış
- ✓Anne sütü + ek gıda ile besleniyor

Soygeçmiş

- ✓Ailede bilinen atopik hastalık öyküsü yok
- ✓Yaşayan kardeşler sağ-sağlıklı
- ✓Yakın zamanda aile içinde geçirilmiş enfeksiyon öyküsü yok

Fizik Muayene

- ✓**Cilt:** Yüz, kollar, bacaklar ve kalça bölgesinde **ekstensör** yüzlerde daha belirgin, papüloveziküler döküntüler.
- ✓**Genel Durum**: Ateş yok, genel durum iyi, vital bulgular stabil.
- ✓**KVS ve SS** muayeneleri doğal.
- ✓**Diğer Bulgular: Lenfadenopati** minimal, hepatosplenomegali yok.

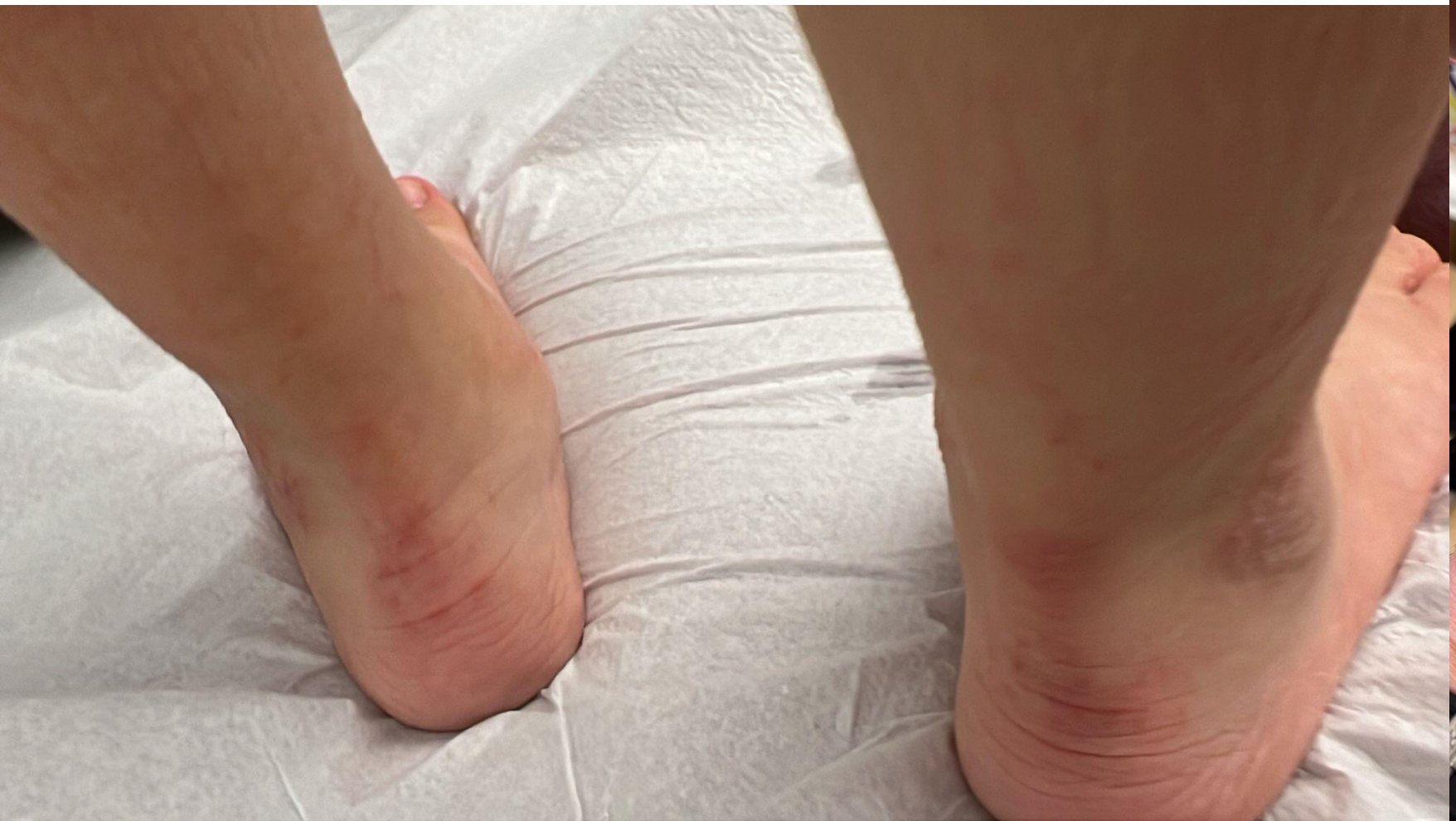
Laboratuvar

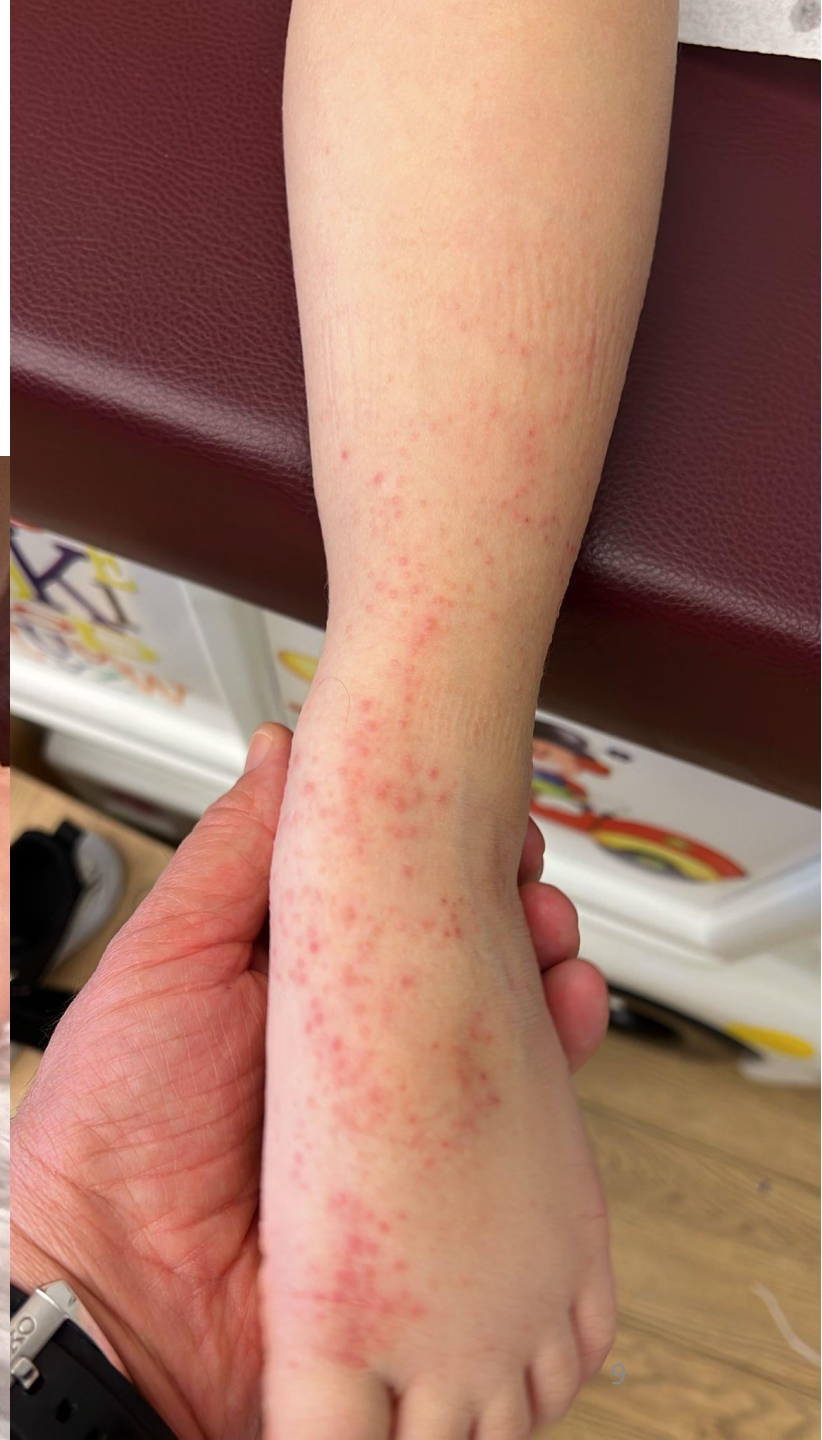
- ✓WBC: 8200 h/µl
- ✓Nötrofil: 3100 h/µl
- ✓Lenfosit: 4200 h/µl
- ✓RBC: 4,1 10^6 h/µl
- ✓Hemoglobin: 10,2 g/dl
- ✓Hct: 31,1 %
- ✓MCV: 75,7 fL
- ✓Trombosit: 385.000
- ✓CRP: 12,3 mg/L (hafif yükselmiş)
- ✓Sedimentasyon: 25 mm/h (normal)
- ✓BUN: 8,5 mg/dL
- ✓Kreatinin: 0,48 mg/dL
- ✓AST: 18,2 U/L
- ✓ALT: 9,1 U/L
- ✓Sodyum: 137 mmol/L
- ✓Potasyum: 4,2 mmol/L
- ✓TİT: N
  - ✓İdrar Dansitesi: 1008
  - ✓İdrar Ph: 6,0
  - ✓Eritrosit: Negatif
  - ✓Lökosit: Negatif
  - ✓Protein: Negatif

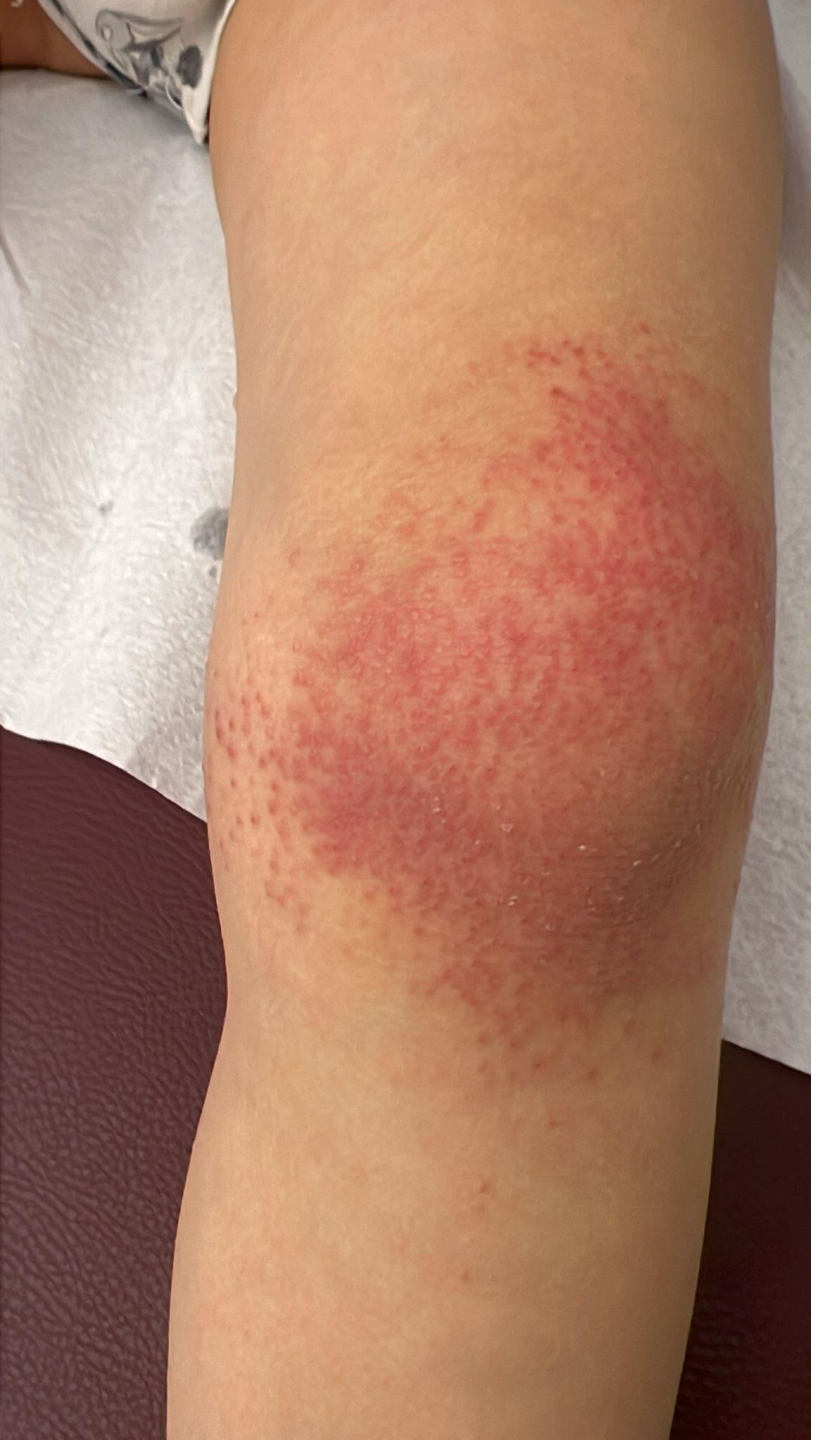
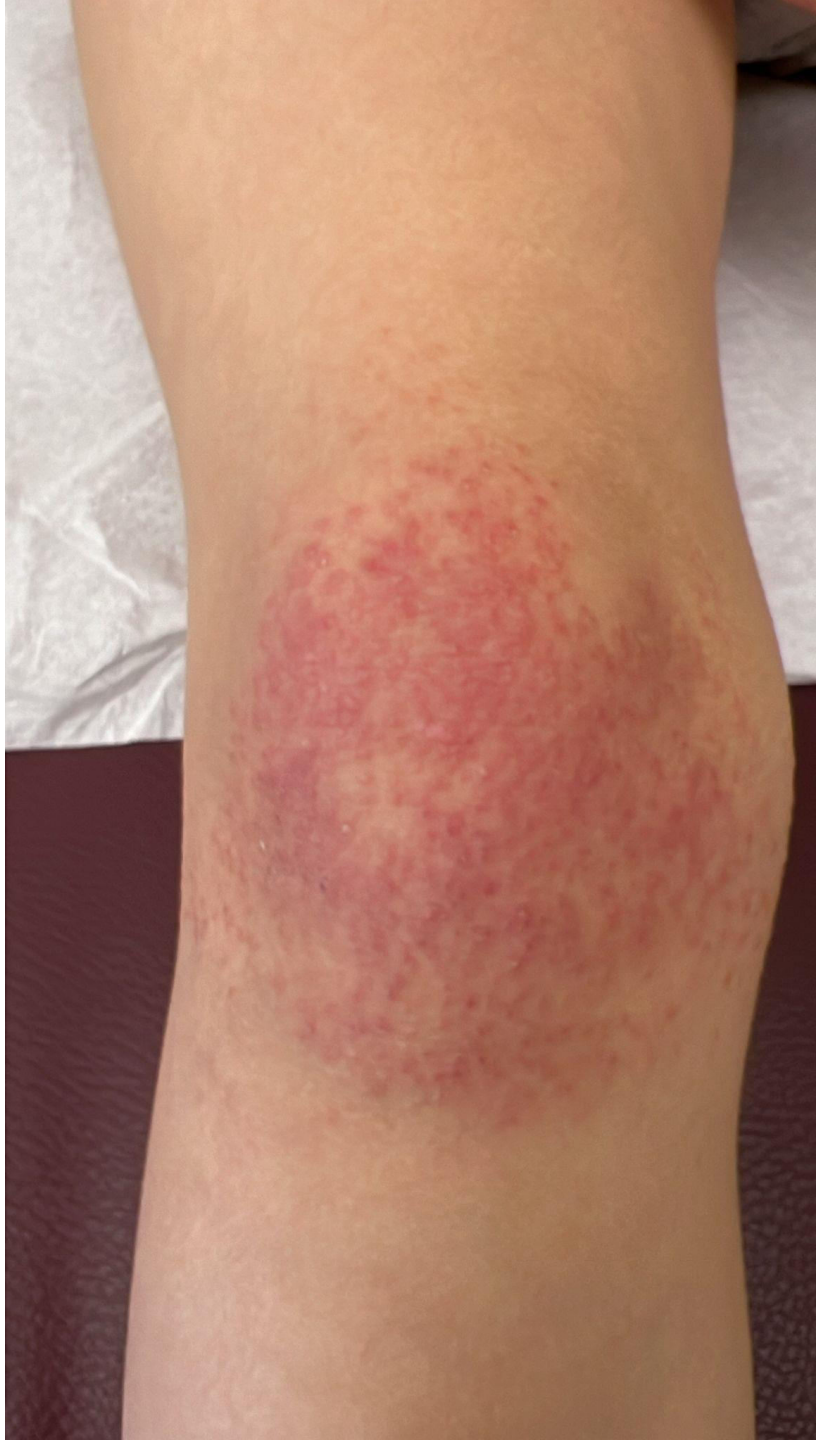
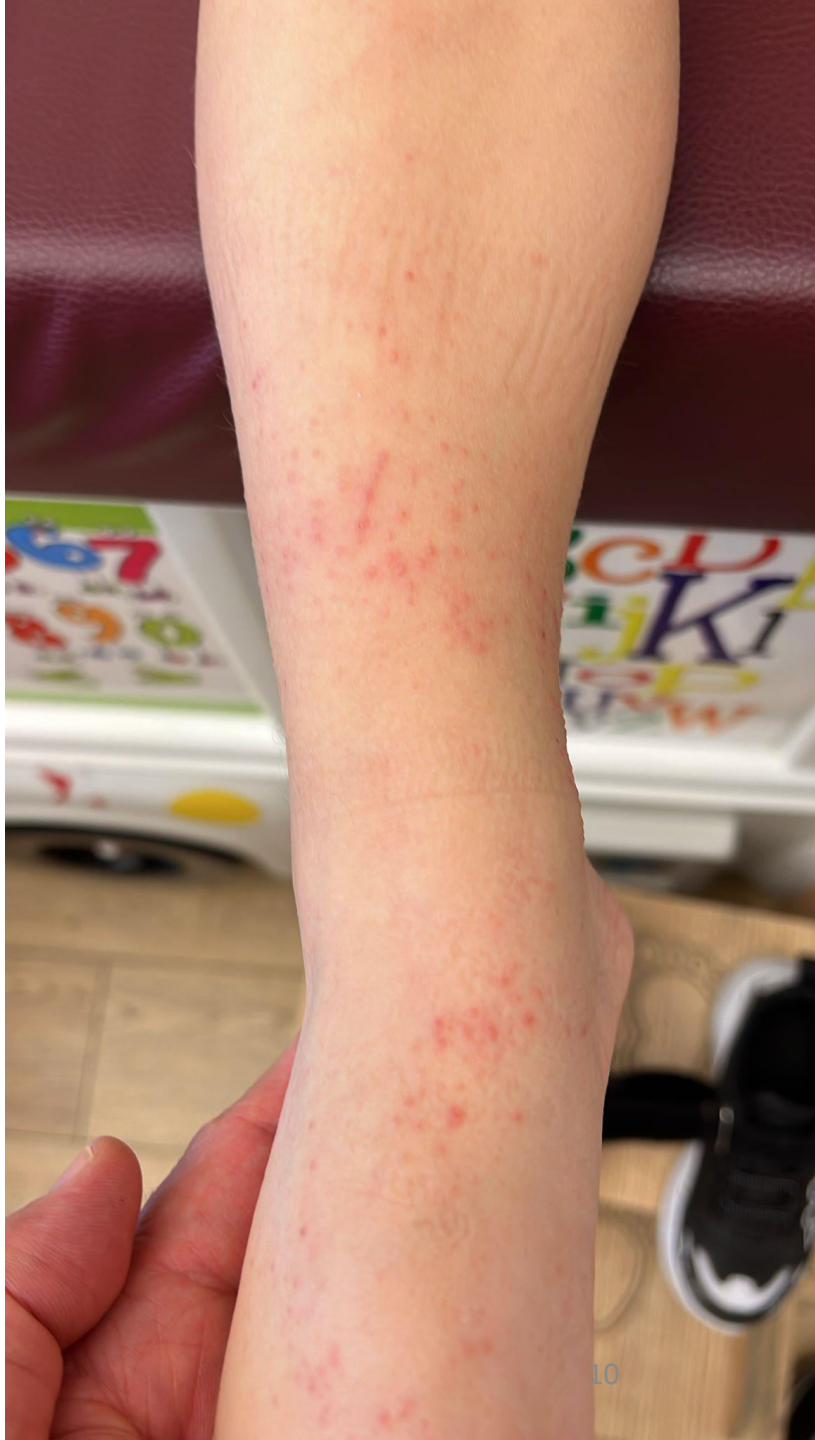
Olgu 2 - Şikayet

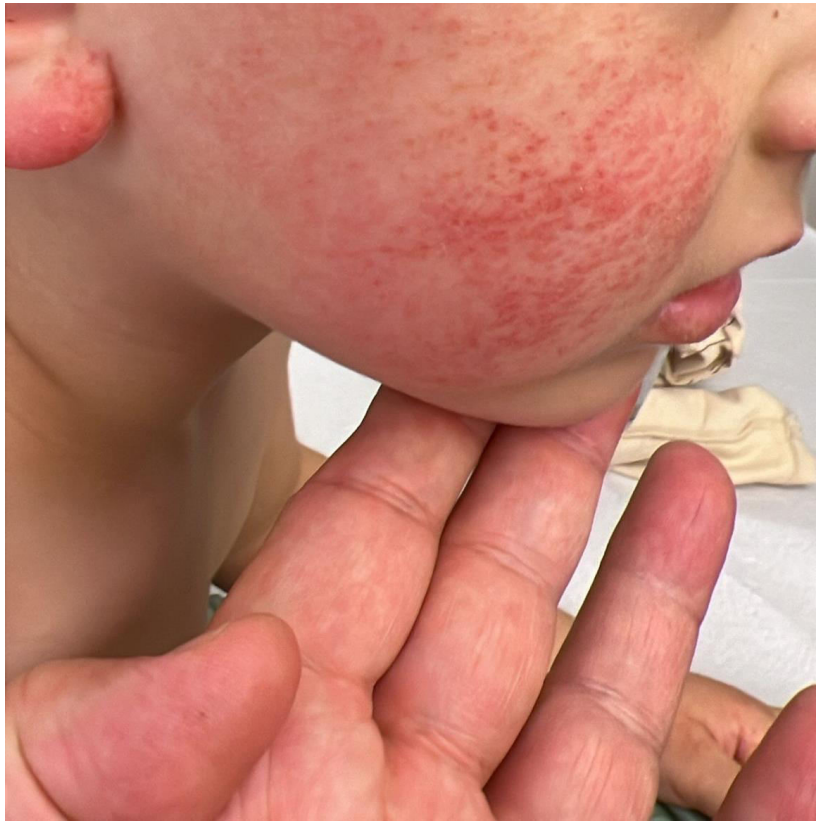
- ✓4,5 yaş erkek hasta
- ✓**Döküntü**
  - ✓20 gündür gerilemeyen
  - ✓Diz, ayak, el sırtı ve yanaklarda belirgin
- ✓Ateş Ø iştahsızlık Ø ek şikayet Ø

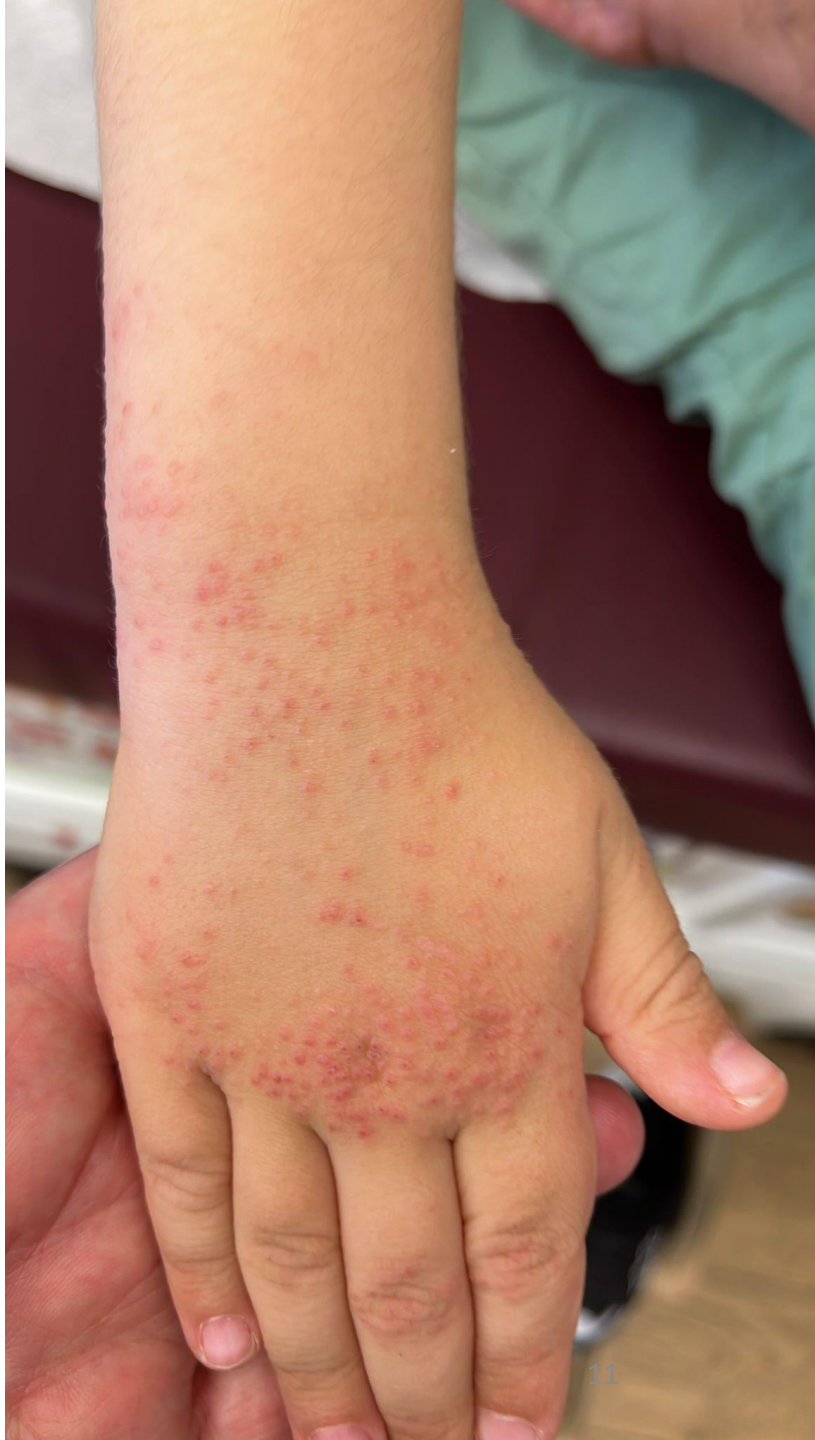
Olgu 2









Öz-soygeçmiş

✓Özellik yok

Fizik Muayene

✓**Cilt:** Yanaklarda, diz, ayak, el sırtı ekstensör yüzlerde daha belirgin, papülovezikül döküntüler.

✓**Genel Durum**: Ateş yok, genel durum iyi, vital bulgular stabil.

✓**KVS ve SS** muayeneleri doğal.

✓**Diğer Bulgular:** Lenfadenopati yok, hepatosplenomegali yok.

Laboratuvar

✓Hemogram doğal. Akut faz negatif. KCFT BFT normal sınırlarda.

- Ön Tanı ?
- Ek tetkik ?

Tanı

- ✓Klinik bulgular (döküntü karakteri ve lokalizasyonu) ve laboratuvar sonuçlarına dayanarak her iki olguya **Gianotti-Crosti sendromu** tanısı konuldu.
  - ✓Tanıyı Destekleyen Faktörler: Viral serolojiler negatif, hafif lenfadenopati mevcut. Karaciğer fonksiyon testleri normal sınırlar içinde, hepatit ilişkisi dışlandı.
    - ✓HbsAg, EBV IgM, Rubella IgM, Parvo IgM NEGATİF sonuçlandı.

Gianotti-Crosti Sendromu

Tarihçe ve Klinik Özellikler

Gianotti-Crosti Sendromu (GCS)

Tanım

- ✓Gianotti-Crosti Sendromu, çocuklarda görülen, kendiliğinden sınırlanan, papüler akrodermatit ile karakterize bir dermatolojik durumdur.
- ✓LAP + Akut anikterik hepatit
  - Tarihçe: İlk kez 1955'te Gianotti tarafından tanımlanmıştır.

1. Gianotti F. Rilievi di una particolare casistica tossinfettiva caraterizzata de eruzione eritemato-infiltrativa desquamativa a foccolai lenticolari, a sede elettiva acroesposta. G Ital Dermatol 1955;96:678-9.
2. Crosti A, Gianotti F. Dermatosi infantile eruttiva acroesposta di probabile origine virosica. Minerva Dermatol 1956;31(Suppl): 483.
3. Crosti A, Gianotti F. Dermatose éruptive acro-située d'origine probalement virosique. Acta Derm Venereol 1957;2:146-9.
4. Gianotti F. L'acrodermatite papulosa infantile "malattia". Gazz Sanit 1970;41:271-4.

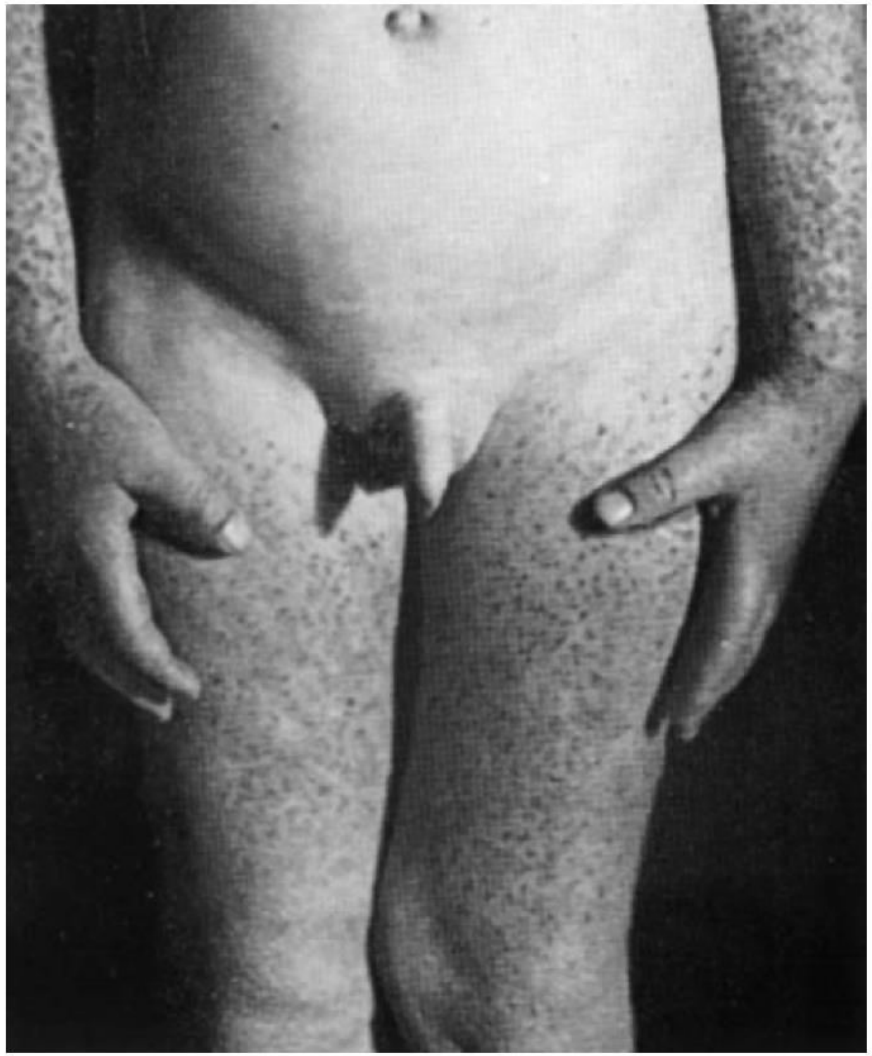


Fig 1. Original figure derived from first description by Gianotti of disease.

Gianotti-Crosti Syndrome

SIR,—I have read Dr. David S. Nurse's letter on the "Gianotti-Crosti syndrome" (*Br. J. Derm.*, 1967, **79**, 12) and, in the interests of scientific accuracy, I should like to make the following points.

The "infantile papular acrodermatitis," which I described has constant and typical cutaneous and visceral manifestations, which have little in common with the condition reported by T. Colcott Fox in 1891. The disease entity "infantile papular acrodermatitis" is characterized by:

1. distinctive lenticular, rounded erythematopapular lesions, often purpuric, never becoming confluent, on face, neck, buttocks and limbs. The exanthem also involves palms and soles but spares the trunk and the mucous membranes. There is no itching. The lesions persist for 20 to 40 days and fade with desquamation in small flakes.
2. lymphadenopathy involving the principal groups of subcutaneous glands, produced by hyperplastic reticulohistiocytic lymphadenitis and persisting for 2 months or longer.
3. hepatitis, without jaundice in all but 5% of cases, of viral type and accompanied by the usual changes in plasma enzymes and in liver function tests and by the histopathological changes characteristic of so-called viral hepatitis. It persists for 2 or several months.
4. splenic enlargement, though rarely, in the first days.
5. 5—10% of atypical mononuclear cells in the peripheral blood. The Paul-Bunnel-Davidsohn test is always negative.

The **disease** appears in children aged 6 months to 15 years, and in some instances may be contagious. It is probably of viral origin.

The **disease,** of which this is the typical picture, must be differentiated from the " vesiculopapular acrodermatitis **syndrome,**" in which the eruption consists of pseudo-vesicular lesions, pale in colour, variable in size but often pin-head, irregularly distributed and sometimes becoming confluent. It is always irritable. The eruption may involve only limited areas of the limbs, buttocks or face. It is not associated with hepatitis.

The cause of the **syndrome** is unknown. Rarely it may develop after smallpox vaccination, apparently as a " vaccinid."

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FERDINANDO GIANOTTI.

REFERENCES

CROSTI, A. and GIANOTTI, F. (1966) A Further Contribution to the Knowledge of Infantile Papular Acrodermatitis. *Annls Nestlé*, **12**, 1.

CROSTI, A. and GIANOTTI, F. (1967) Acrodermatite papulosa infantile e virosi linforeticulotrope. *Minerva Derm.*, **42**, 264.

GIANOTTI, F. (1955) Rilievi di una particolare casistica tossinfettiva caratterizzata da una eruzione eritemato-infiltrativa desquamativa a focolai lenticolari a sede elettiva acroesposta. *G. ital. Derm.*, **96**, 678.

GIANOTTI, F. (1966) L'epatite anitterica virale nell' acrodermatite papulosa infantile. *Epatologia*, **12**, 171.

JEAN, G., LAMBERTENGHI, G., GIANOTTI, F., TRAVAGLINI, P. and RANZI, T. (1966) L'epatite acuta anitterica nell'acrodermatite papulosa infantile. Milan: Ediz. Fondazione Ganassini.

The Editor, 'The British Journal of Dermatology'.

The Gianotti-Crosti syndrome.

SIR,—I have recently studied early copies of the *Journal* with interest in lichenoid eruptions and lichen planus in children.

In 1891, (*Brit. J. Derm.*, **3**, 201) T. Colcott Fox reviewed the cases of seven infants, with main emphasis on possible syphilitic or tuberculous origin of such eruptions. One of the cases is reported thus:

" Ernest R., aged 14 months, was brought to me on May 12th, 1887. He seemed to be in good health, but was slightly rickety, and I could just feel the spleen on palpation. He was the last of four children, and the only one surviving. The father was dead, and the mother was subsequently operated on for necrosis (?) of the jaw. When I saw the child he presented a typical lichen planus eruption about the wrists and forearms. The eruption was a peculiar red colour, shining and smooth, abruptly raised and flat-topped, angular in outline, miliary, discrete but tending to confluence. There was a little eruption on the cheeks and the backs of the legs, and a few, but less typical ones, dotted down the back. There were no signs of itching. The duration of the eruption was one month, and it came on directly the child was weaned. I could get no clue to any syphilitic taint. The child was given a mixture of cod liver oil and iron, and in one week the eruption was fading away rapidly ".

Elsewhere in the article Dr. Fox states " The features of my cases were observed amidst the turmoil and pressure of a very crowded out-patient department, and noted down in a very rough manner, as will be only too apparent ".

Despite this disclaimer it seems that this description of eighty years ago is very similar to recent descriptions of the Gianotti-Crosti syndrome in age of the patient, type and distribution of lesions, and in duration of the eruption.

One regret is that this condition was not illustrated by one of the colour plates which are used in other articles in the volume.

182 Collins St.,
Melbourne, Australia.

DAVID S. NURSE.

Gianotti-Crosti Sendromu (GCS) Epidemiyoloji

✓Yaş Dağılımı:
- Genellikle 6 ay – 12 yaş arası

✓Cinsiyet:
- Kız = erkek

✓Mevsimsellik:
- Çoğu ilkbahar ve yaz aylarında

✓Coğrafi Dağılım:
- Dünya genelinde yaygın rapor edilmiştir

Gianotti-Crosti Sendromu (GCS)
Etiyoloji ve Patogenez

✓Viral Enfeksiyonlar:
- Hepatit B Virüsü (HBV)
- Epstein-Barr Virüsü (EBV)
- Coxsackie Virüsleri
- Sitomegalovirüs (CMV)
- Respiratuar Sinsityal Virüs (RSV)

✓Bağışıklık Yanıtı:
- Viral enfeksiyonlara karşı anormal bir immün yanıt sonucu ciltte karakteristik döküntüler gelişir.

✓Genetik Yatkınlık:
- Bazı genetik faktörler hastalığın gelişiminde rol oynayabilir.

Gianotti-Crosti Sendromu (GCS)
Etiyoloji ve Patogenez

- ✓Dermisteki viral veya bakteriyel antijene karşı lokal tip IV hipersensitivite rxn
  - ✓Ciltteki inflame infiltratın immünohistokimyasal karakterizasyonu
- ✓HBV ilişkili “GC hastalığı”, non-HBV olanlar “GCS”
- ✓Caputo et.al (Milano, 1955-1989, 308 vaka)
  - ✓HBV (n:69, %22,4), non-HBV (n:239, %77,6)
  - ✓Fotoğraflarla tek kör

Gianotti-Crosti Sendromu (GCS)
Klinik Özellikler

✓ Döküntü Özellikleri:
- Papüler ve Monomorfik: Küçük, kabarık ve aynı tipte lezyonlar.
- Yerleşim: Yüz, kol, bacak ve kalçalarda döküntüler, gövde genellikle korunmuştur.
- Süre: Döküntüler 3-8 hafta arasında sürer.

✓Köbner fenomeni +

✓ Kaşıntı: Bazı vakalarda kaşıntı olabilir.

✓ Diğer Belirtiler:
- Hafif ateş
- Halsizlik
- Lenfadenopati

Gianotti-Crosti Sendromu (GCS)
Tanı

- ✓ Klinik Değerlendirme:
  Tipik döküntülerin dağılımı ve görünümü tanıyı destekler.
- ✓ Laboratuvar Testleri:
  - Serolojik Testler: Hepatit B, EBV, CMV gibi viral enfeksiyonların belirlenmesi.
  - Tam Kan Sayımı (CBC): Genel sağlık durumu ve enfeksiyon belirtileri için.
  - Karaciğer Fonksiyon Testleri: Hepatit B şüphesi varsa

Ayırıcı Tanı

- ✓Atopik dermatit
- ✓Eritema enfeksiyozum (5. hastalık)
- ✓Eritema multiforme
- ✓El-ayak-ağız hastalığı
- ✓HSP
- ✓Kawasaki

Gianotti-Crosti Sendromu (GCS)
Tedavi ve yönetim

✓ Kendi Kendini Sınırlama:
- Hastalık genellikle tedaviye gerek kalmadan iyileşir.

✓Semptomatik Tedavi:
- Antihistaminikler: Kaşıntıyı hafifletmek için.
- Topikal Steroidler: Şiddetli vakalarda inflamasyonu azaltmak için.

✓ Hasta ve Aile Eğitimi:
- Hastalığın iyi huylu ve geçici olduğu, genellikle ciddi komplikasyonlara yol açmadığı hakkında bilgilendirme.

Gianotti-Crosti Sendromu (GCS)
Prognoz

- ✓ İyileşme Süreci:
  - Genellikle 2 ay içinde tam iyileşme.
- ✓ Komplikasyonlar:
  - Nadir görülür. Genellikle uzun dönem komplikasyon yoktur.
- ✓ Nüks:
  - Genellikle tekrar etmez.

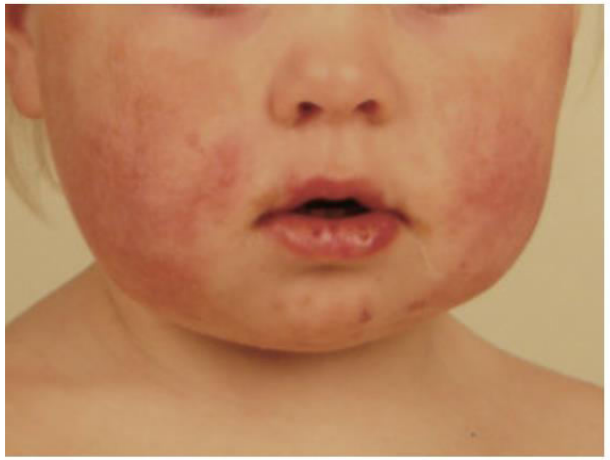
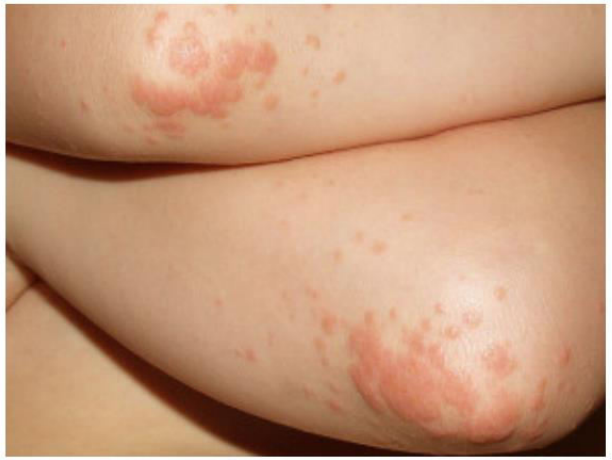
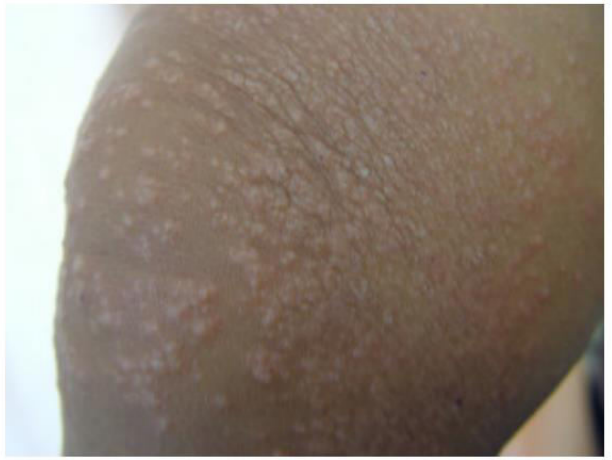
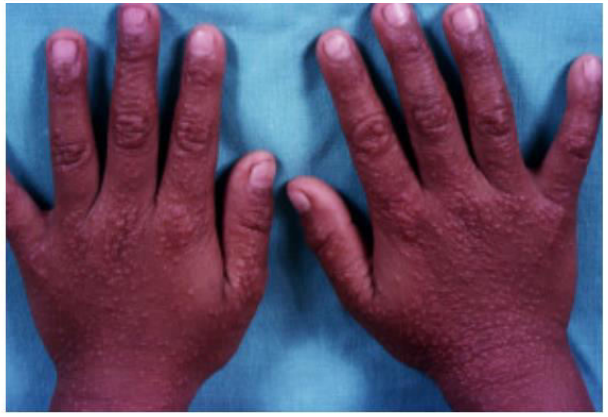
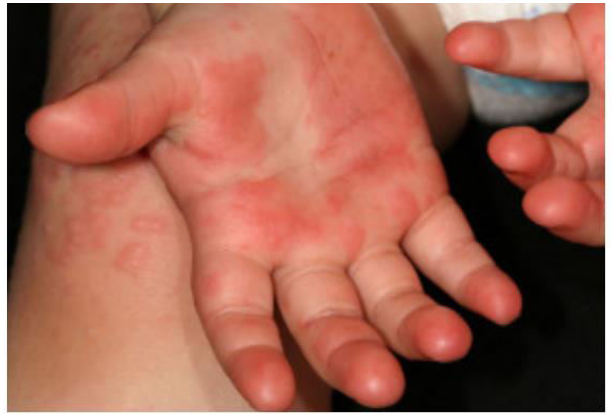
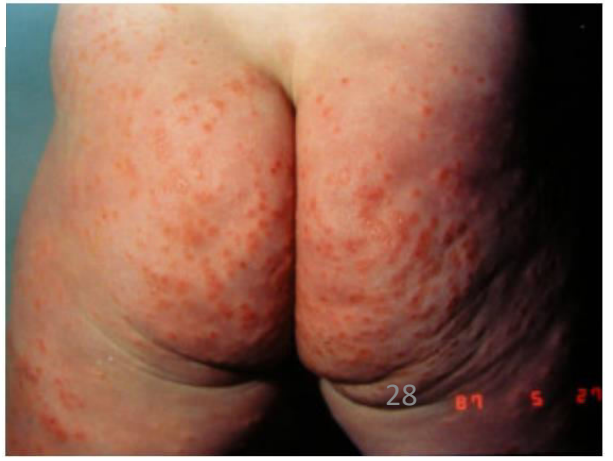
https://dermnetnz.org/topics/infantile-papular-acrodermatitis-in

Papular acrodermatitis of childhood

Author: Hon A/Prof Amanda Oakley, Dermatologist, Hamilton, New Zealand, 1999. Updated, September 2015.

Other names used for this skin condition include Gianotti-Crosti syndrome, papulovesicular acrodermatitis of childhood, infantile papular acrodermatitis, and acrodermatitis papulosa infantum.

Papular acrodermatitis of childhood of the face, elbows, and knee

Gianotti Crosti Syndrome

A 2-year-old child presented with an erythematous non-itchy symmetrically distributed papular rash over face, limbs and buttocks, largely sparing the trunk but involving the palm and feet. Some of the lesions show Koebner phenomena (described as a linear array of small papules, presumably precipitated by trauma.) (*Fig. 1*). It was preceded by a common cold about a week before. However, rest of the history and clinical examination was normal. It was diagnosed as Gianotti-crosti syndrome (GCS). The lesions completely disappeared after 3 weeks.

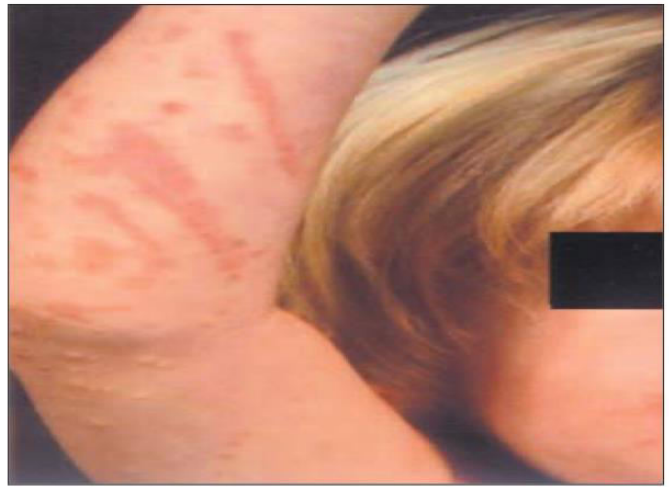


Fig. 1. Koebners Phenomenon.

GCS is a distinctive viral exanthem of childhood, characterized by papular/papulovesicular lesions. Hepatitis B and Epstein-Barr virus are the most frequently reported etiologies. Other incriminated viruses are hepatitis A, hepatitis non A-non B, cytomegalovirus, coxsackie, adenovirus, enterovirus, rotavirus, rubella, HIV and parainfluenza. Histopathological examination reveals acanthocytosis, hyperkeratosis and focal parakeratosis(1). Typical rashes are monomorphic, flat, lentil-sized lesions symmetrically distributed on the face,

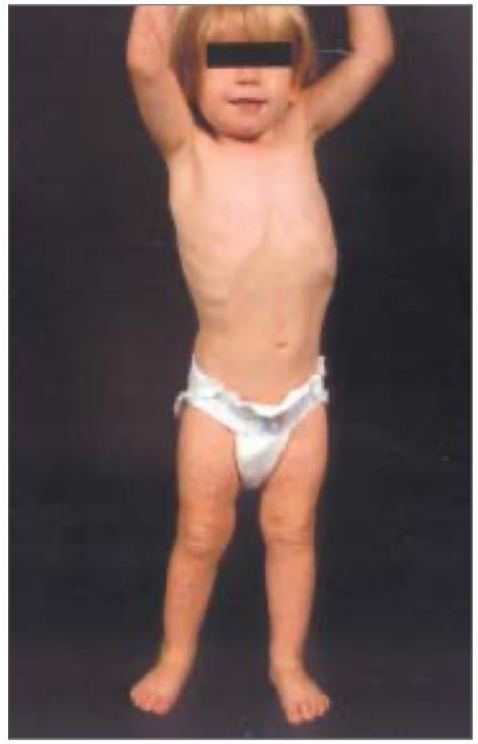


Fig. 2. Papulovesicular lesions involving both lower limbs.

buttocks and limbs (*Fig. 2*). The papules may coalesce into patches. The lesions usually begin on the thighs and buttocks, then spread to the extensor aspects of the arms and finally involve the face. Differential diagnosis includes Henoch-Schonlein purpura, erythema multiforme, hand-foot- mouth disease, lichen planus, pityriasis rosea and scabies. Laboratory findings are not consistent and diagnosis is clinical.

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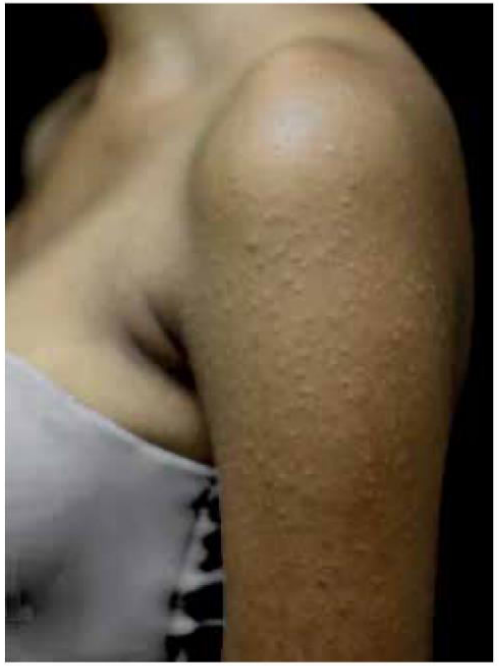

FIGURE 1: Multiple monomorphic papules on the extensor surface of the upper limb

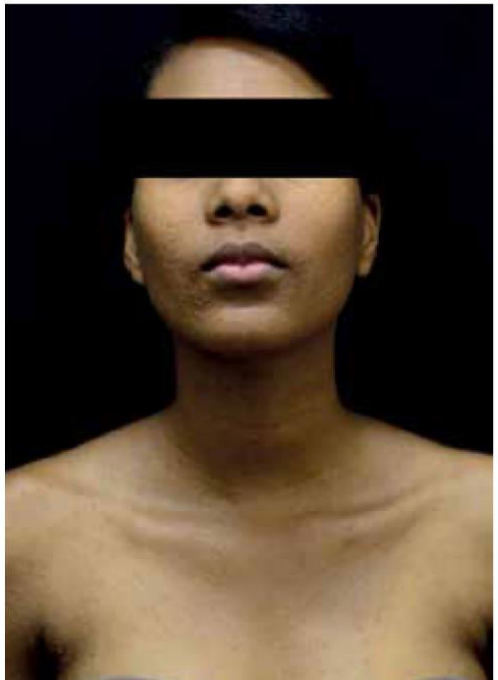

FIGURE 2: Papular lesions affecting the

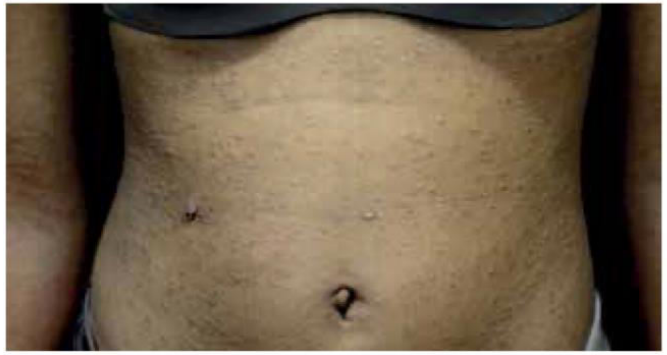

FIGURE 3: Papular lesions, some of which crusted, in the abdomen and upper limbs

Gianotti-Crosti syndrome: a case report of a teenager*

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Keline Jácome Silvestre[1]
Alexandre Carlos Gripp[1]
Juliana Martins Leal[1]
Alice Paixão Lisboa[1]

DOI: http://dx.doi.org/10.1590/abd1806-4841.20164410

Abstract: Gianotti-Crosti syndrome is a rare disease characterized by acral papular eruption with symmetrical distribution. It is a benign and self-limited disease; the symptoms disappear after two to eight weeks, without recurrences or scars. Skin lesions are usually asymptomatic. Prodrome might occur, suggesting upper respiratory infection, or constitutional symptoms. Diagnosis is eminently clinical, and this disease is associated with viral infections. Due to its rarity and low occurrence in adolescents and adults, we report a case of Gianotti-Crosti syndrome of a teenager.

Keywords: Acrodermatite; Adolescente; Exantema

Gianotti-Crosti Sendromu (GCS)
Özet ve sonuç

✓- Anahtar Noktalar:

- Gianotti-Crosti Sendromu, tipik döküntüler ve viral enfeksiyonlarla ilişkilidir.
- Tedavi genellikle semptomatiktir ve prognoz iyidir.

✓ Kapanış: Sorular ve Tartışma

Gianotti-Crosti Sendromu (GCS) Kaynaklar

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Son söz,

Teşekkürler..