

IMMUNOBULLOUS DISORDER IN A 4-MONTH-OLD INFANT: DIAGNOSTIC CHALLENGES

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Abstract language: English

Topic: General paediatrics

Introduction: Immunobullous disorders include several uncommon skin disorders rarely seen in infants. They typically present with bullae, erosions and surrounding erythema, although many variants and clinical presentations exist. We report the case of an infant with extended skin lesions who was diagnosed clinically and successfully treated after remote support from a dermatologist.

Case description: A 4-month-old boy arrived at our hospital with his mother presenting with diffuse, irregular skin erosions on the face, chest, shoulder and scalp (*Figure 1*). The condition started when the infant was 40 days old with flaccid, clear blisters on his left cheek. These ruptured to produce itchy, irregular-shaped erosions with thick crusts, and pustules at the edges. The lesions extended to the present locations including mucous membranes of the mouth and conjunctiva. There was no history of maternal skin disease or pregnancy complications. He was delivered at home and was previously healthy. Family history revealed that two older siblings had exhibited similar symptoms at 2 months, and 40 days old, and died at 8 and 4 months old respectively.

The case was discussed remotely with a dermatologist using telemedicine, and the diagnosis of immunobullous disorder was made on clinical suspicion. In addition to IV cloxacillin and nutritional support, oral prednisone 2mg/kg and wound care were started. After 14 days he improved clinically, and the lesions started to heal (*Figure 2*).

Figure 1



Figure 2



Discussion: We report a case of an infant with a clinical diagnosis of immunobullous disorder, successfully treated with oral corticosteroids. Differential diagnosis of skin disorders in settings without laboratory capacity for histopathology is challenging, but subspecialist support via telemedicine allowed the team to start empiric treatment resulting in clinical improvement and discharge of a complicated case. Remote health advice platforms are important tools to improve quality of care for patients in low resources settings.

This study is: Meets the exemption criteria for ERB review. It was conducted with permission from:

Details: This case study has been approved by the medical director of MSF-OCBA. Written consent form obtained in case evidence is needed.

1. I confirm that the abstract and that all information is correct: Yes
2. I confirm that the abstract constitutes consent to publication: Yes
3. I confirm that I submit this abstract on behalf of all authors.: Yes
4. Selected for either oral or poster presentation.: Yes

Conflict of interest to declare?: No