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Images

Perianal streptococcal dermatitis

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A previously healthy 3-year-old boy presented with rectal pain and refusal to sit and defecate over the past 24 h. He had no fever. The perianal region showed a painful circumferential bright erythema with well-demarcated margins (diameter 4 cm) covered with light exudate (Fig. 1). An anal fissure was noted. He had chronic obstipation. There were no close contacts with tonsillitis or impetigo. The rapid antigen detection test for group A *Streptococcus* (GAS) of the perianal lesion showed a positive result (Healgen GAS Rapid Test — Cassette). The boy was treated with oral amoxicillin 50 mg/kg/day for 10 days, resulting in rapid clinical improvement with no relapse.

Perianal streptococcal dermatitis is a superficial skin infection generally caused by GAS but rarely reported. The incidence is unknown, although boys aged between 6 months and 10 years are more commonly affected.[1,2] The disease is rarely associated with streptococcal tonsillitis.[2]

Symptoms include anal pruritus (78%—100%), rectal pain (50%), painful defecation (50%), and blood-streaked stools (20%—35%).[1—3] Systemic manifestations are rarely noted.[1,2] A typical manifestation is a bright red and sharply demarcated rash around the anus with a centrifugal spread.[1—3] Chronic rash may be associated with painful fissures or mucous exudate.[1]

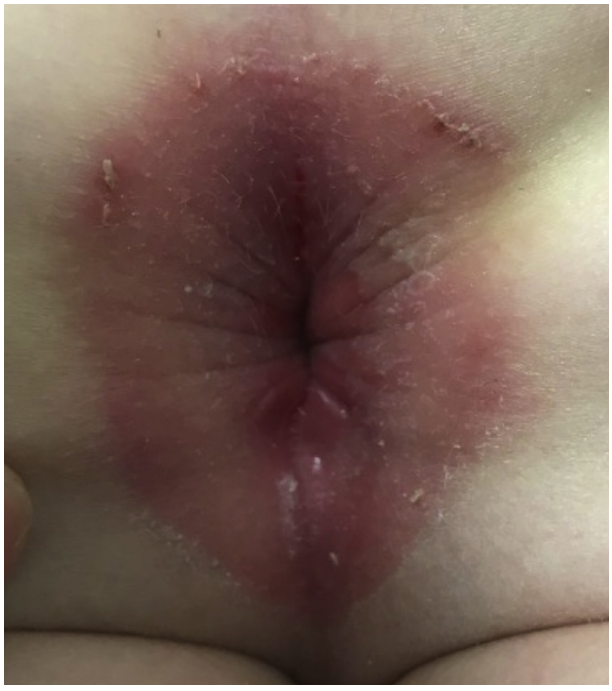

Figure 1 Perianal bright circumferential erythema covered with light exudate.

The diagnosis of perianal streptococcal dermatitis can be confirmed by the identification of GAS from the lesion.[1,3] The rapid antigen detection test of a perianal lesion has

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been used to confirm the causative agent. Although approved for only pharyngeal samples, these tests have demonstrated a good correlation with cultural examination,[2] which should be done in doubtful cases.

The differential diagnoses include diaper dermatitis, candidiasis, seborrheic dermatitis, trauma, and pinworm infestation.[2,3]

A 10-day treatment with amoxicillin is recommended, which is generally associated with rapid clinical improvement.[1] Recurrence occurs in 39% of cases,[1,2] which is probably related to a high within-family transmission rate.[2] A delay in diagnosis is common that leads to constipation in 50% of cases.[3]

Statement of conflict of interest

All authors state that there are no conflicts of interest.

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