

# ACTAS Derma-Sifiliográficas

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## CASE FOR DIAGNOSIS

### Follicular Lesions of the Beard Area

### Lesiones foliculares en el área de la barba

#### Medical History

A 42-year-old man with a history of intestinal polyposis consulted for a 6-day history of pruritic lesions on the left cheek. The lesions progressed and also appeared on the right cheek and neck with a high fever of 38°C. There was no improvement after a 3-day course of treatment with 0.25% prednicarbate cream. The patient had no history of similar episodes.

#### Physical Examination

Skin examination revealed erythematous follicular papules approximately 3 mm in diameter with an erosive crusted center and distributed individually or in clusters over the beard area (Figure 1). Several intact vesicles were also present (Figure 2).

#### Histopathology

Histology of one of the lesions revealed an intraepidermal vesicular lesion associated with clusters of large cells,



Figure 1

nuclear molding, a low nuclear-cytoplasmic ratio, and ground-glass intranuclear viral inclusions. A predominantly lymphocytic, mixed inflammatory infiltrate was also observed in the dermis and in an adjacent hair follicle in which necrotic keratinocytes were observed (Figure 3A).

#### Additional Tests

Laboratory studies, including a complete blood count and biochemistry, were normal.



Figure 2

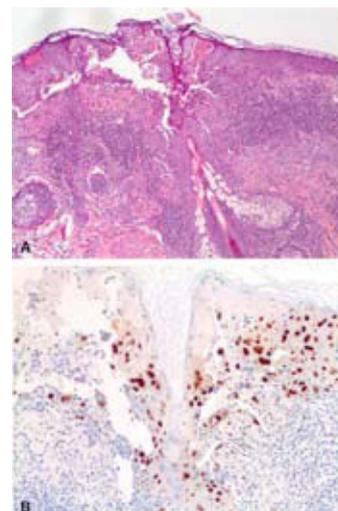


Figure 3 A, Hematoxylin-eosin, original magnification  $\times 4$ . B, Immunohistochemistry, original magnification  $\times 10$ .

### What Is Your Diagnosis?

## Diagnosis

Clinical and histopathologic findings led to a diagnosis of herpetic folliculitis.

## Clinical Course and Treatment

Immunohistochemistry was positive for herpes simplex virus type 1 (Figure 3B).

Treatment was started with oral aciclovir (200 mg 5 times a day) and the application of a 1:1000 aqueous solution of zinc sulphate for 5 days, leading to the complete resolution of the lesions.

## Discussion

Herpetic folliculitis is an uncommon manifestation of herpesvirus infection (herpes simplex virus types 1 and 2, and varicella-zoster virus), with few cases described in the literature. It may be an underreported condition as the lesions tend to resolve in less than 2 weeks.<sup>1</sup> In 1972, Izumi et al<sup>2</sup> coined the term herpetic sycosis to identify folliculitis due to the herpes simplex virus affecting the beard area. This condition occurs in patients with a history of facial herpes simplex and who shave with a blade razor; clinical presentation is characterized by a burning sensation or pruritus rapidly followed by the appearance of papulovesicular lesions that do not respond to antifungal or antibacterial treatment.<sup>1-3</sup> Extensive necrotizing forms have been described in immunodepressed patients or in the context of primary herpetic infection.<sup>1,4</sup> The most common histologic changes are a dense intraadnexal and periadnexal lymphocytic infiltrate with extravasation of red blood cells. Cytopathic changes can be observed in the epidermis and include ballooning, giant multinucleated cells, and keratinocyte necrosis.<sup>3,5</sup> The diagnosis is basically clinical and can be supported by histopathology findings, immunohistochemistry, and the polymerase chain reaction for correct identification of the virus subtype.<sup>5,6</sup> The differential diagnosis should particularly include bacterial and fungal folliculitis, demodicidosis, insect bites, and eosinophilic folliculitis.<sup>1,3,4</sup> The treatment of choice is aciclovir 200 mg 5 times a day for 5 days or valaciclovir

500 mg twice a day for 5 days.<sup>1,6</sup> It is important to be familiar with this uncommon presentation of herpesvirus infection and to maintain a high degree of clinical suspicion in patients with risk factors and acute vesicular follicular lesions in the beard area.

## Conflict of Interest

The authors declare that they have no conflict of interest.

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