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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

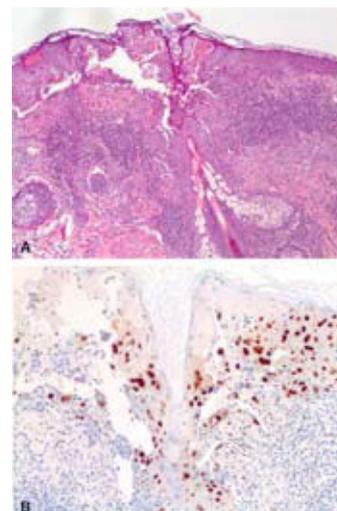


Figure 3 A, Hematoxylin-eosin, original magnification $\times 4$. B, Immunohistochemistry, original magnification $\times 10$.

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.¹ In 1972, Izumi et al² 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.¹⁻³ Extensive necrotizing forms have been described in immunodepressed patients or in the context of primary herpetic infection.^{1,4} 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.^{3,5} 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.^{5,6} The differential diagnosis should particularly include bacterial and fungal folliculitis, demodicidosis, insect bites, and eosinophilic folliculitis.^{1,3,4} 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.^{1,6} 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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