Kerion: A Nasty Scalp Infection

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Discussion
There is no specific treatment for NPD. Orthotopic liver transplantation in an infant with type A disease and cord blood transplantation in several type B NPD patients has been attempted with little or no success. BMT in a small number of type B NPD patients has been successful in reducing the spleen and liver volumes, the sphingomyelin content of the liver, the number of Niemann-Pick cells in the marrow, and radiologically detected infiltration of the lungs. ERT with recombinant human ASM is currently in clinical trials for the treatment of type B patients.

Conclusion: Niemann-Pick disease types A and B is estimated to affect 1 in 250,000 individuals. Chronic visceral ASMD could have a mild course with a relatively good outcome. Other factors such as environmental ones could contribute to the disease severity.

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Background/Aims
Kerion is a scalp condition that occurs in severe cases of scalp ringworm (tinea capitis) with the highest prevalence in children 3 to 10 years of age. It appears as an inflamed, thickened, pus-filled area, with scaly spots or patches of broken hair on the scalp. A kerion is treated with oral antifungal medicines because the fungus grows deep into the hair follicle where topical creams and lotions cannot penetrate. Oral corticosteroids are also started in cases where the hair follicle is inflamed and infected. Kerion is not often seen in our paediatric department. This case raises awareness of a rarely seen condition in an Irish context.

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JOINT MANIFESTATIONS AS A FORM OF ONSET IN CROHN’S DISEASE

Crohn’s disease (CD) is an inflammatory bowel disease (IBD) of multifactorial etiology that affects all segments of the gastrointestinal tract and is associated with multiple extra-intestinal manifestations. Spondyloarthropathies are the most common extra-digestive manifestation of IBD’s. Spondyloarthropathies primarily involve the axial skeleton, but may also be associated with peripheral symptoms such as synovitis, dactylitis or enthesitis.

Objectives
Case presentation of a teenager, aged 14, diagnosed with CD A1 L34A1p-score PCDAI 45, (November 2018) that presented with joint manifestations as a form of onset.

Case presentation
The patient exhibits joint pain at the level of large joints of self-limiting character, as well as pain at the level of the costochondral joints associated with fever spikes. In recent history, over a period of two months, the patient presented up to 10 stools/day, without pathological features, with consecutive weight loss. An infectious etiology was suspected and empiric antibiotic treatment was instituted, with the evolution being unfavorable.

She is admitted to the clinic for further investigation and treatment. Biologically she presented: marked inflammatory syndrome, reactive thrombocytosis, hypochromic microcytic anemia, positive calprotectin. The suspicion of an IBD, is raised, multiple biopsies from the upper digestive tract being performed. The macro and microscopic appearance suggested Crohn’s disease in the stage of active lesions. Induction therapy with exclusive enteral nutrition (EEN) is established, as well as azathioprine, to maintain remission. Evolution is favorable with the remission of joint symptoms in the first 2 weeks of EEN.

Conclusion
In some cases, patients with Crohn’s disease, due to chronic inflammatory syndrome, may develop symptoms similar to those encountered in spondyloarthropathies.