KERION: A NASTY SCALP INFECTION

Ronan Callanan*, Foong Ying Wong, Emma Tierney, Bart Ramsay, Anne-Marie Murphy.
UHL, Limerick, Ireland

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.

Abstracts

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 lesions are tender and to reduce the inflammation. Kerion is usually associated with infection by zoophilic dermatophytes, Tricophyton verrucosum and Tricophyton mentagrophytes, although other sources have been described. Our aim is to report an unusual scalp infection.

Methods

The patient history, clinical presentation with photographs, examination and laboratory findings (skin scrapings were taken for mycology), treatment and outcome are described.

Results

A previously well 6-year-old boy, of African origin, presented to the Paediatric Emergency Department with a 6-month history of scalp infection. It initially started on the right temporal region and was treated with Canesten cream for 6 months. There was no improvement and the condition was treated with Fluclouxacillin a week prior to presentation to us, at which point it had worsened and started spreading to the rest of his scalp. On examination there was a raised demarcated lesion on his right temporal area which appeared crusted and discharge was noted. There were also multiple round, dry, scaly patches on his scalp which were not infected. The dermatology team commenced him on oral Itraconazole, Nizoral Shampoo and Paraffin Gel for 6 weeks, and oral steroids for 1 week.

Conclusion

Kerion is not often seen in our paediatric department. This case raises awareness of a rarely seen condition in an Irish context.

Intravenous Magnesium Sulphate Infusion in the Management of Severe Tetanus: A Case Series

Background

Tetanus is still prevalent in developing countries. In the management of tetanus, eradication of bacteria from the wound and neutralization of remaining toxins are detrimental. However, supportive management especially control of muscle spasm and airway protection is equally important. We