

the histological result came. The cutaneous lesions healed spontaneously without scarring within five months. During the follow-up period no systemic involvement was demonstrated.

We report a case of NL in a newborn, whose mother did not present any clinical manifestation of lupus. In similar cases, with a negative family history of LE, it is crucial for the diagnosis to early recognize the periorbital erythema (referred to as a "raccoon eyes"), that is a common characteristic.

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Postoperative pyoderma gangrenosum following a neurosurgery procedure

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Pyoderma gangrenosum (PG) is an uncommon, chronic, cutaneous ulcerative condition, with different morphologic presentations, belonging to the neutrophilic dermatoses. It can appear spontaneously or result from a minor injury or surgery.

We present a case of 39-year old woman, with a history of aneurysm clipping after subarachnoid haemorrhage. Three months after titanium cranioplasty the patient developed a painful, purulent discharge from the scar with irregular and undermined border. The cranioplasty was removed eight months later. Due to persistence of the purulent ulcer, a postsurgical wound infection was suspected and the patient underwent antimicrobial treatment for a period of about ten months. A dermatological consultation was demanded fourteen months after the appearance of the post craniotomy ulcer of the scalp, as well as two new nodular-ulcerative lesions on the trunk and one with cribriform aspect on the right leg. The histological examination of the skin biopsies of the wound's border showed an infiltration consisting mainly of neutrophils but plasma cells, eosinophils and multinucleated giant cells were also present. These histological findings depend probably on the age of the lesions. A diagnosis of a PG was considered. No associated conditions were found. Systemic therapy with corticosteroids and cyclosporine was started successfully.

PG should be considered in the differential diagnosis of chronic non healing cutaneous ulcers following surgical intervention. The early diagnosis is important to prevent the unnecessary administration of antibiotic therapy and development of more extensive ulceration.

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Coxsackievirus A6 infection and hand, foot and mouth disease in three immunocompetent adults

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Hand, foot and mouth disease (HFMD) is a highly contagious viral infection characterized by typical maculopapular or vesicular eruptions on hands, feet and in oral cavity. Since HFMD is predominantly a childhood or immunodeficiency-associated disease, few cases have been reported so far in immunocompetent adults. It usually follows a benign and self-limiting course. However, HFMD cases with severe or lethal complications such as encephalitis, meningitis, pulmonary oedema and myocarditis were also reported. The most common pathogens are Coxsackievirus A16, Enterovirus E71 and recently also Coxsackievirus A6 and A10.

We present three cases of immunocompetent adults, members of two different families (a 35-year-old man, his 37-year-old sister, and from the second family a 21-year-old man), all of them with irrelevant medical history, admitted to our clinic with multiple erythematous, papular and vesicular lesions on their palms and soles. Both male patients presented similar lesions also on the posterior oropharyngeal structures. Due to poor general conditions the youngest patient was hospitalized for 3 days. In all cases the dermatological lesions were preceded by a sore throat, malaise and fever. Both male patients reported a close contact with children suffering from HFMD during family meetings, 1-2 weeks before symptoms developed. We diagnosed HFMD based on characteristic clinical manifestations, positive results of Enterovirus PCR assays, molecular typing for Coxsackievirus A6 and histological findings. Only symptomatic treatment was introduced. During a 6-month follow-up for the siblings and 1-month follow-up for the 21-year-old patient no complications were observed. The child that infected the male patient from the first family developed onychomadesis one month after the HFMD onset. Being a highly contagious disease an early and accurate diagnosis of HFMD is crucial. Onychomadesis, as its possible late complication, has been hypothesized to be related to Coxsackievirus A6 infection. To our knowledge, this is the first report of symptomatic HFMD transmission among immunocompetent adults

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Granulomatous cheilitis: successful treatment with clofazimine

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