



Chronic mucocutaneous candidiasis in an eight months old child: a case report

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Introduction: Chronic mucocutaneous candidiasis is characterized by recurrent and relapsing nail and mucocutaneous candidal infections and causes significant morbidity due to its chronic relapsing nature.^{[1][2]} We hereby are presenting a case of 8 months old female child who presented with sepsis and mucocutaneous findings.

Case report: an eight month old female child was referred to dermatology opd with nail dystrophy and multiple erosions over body since the age of two months. The erosions used to heal without scarring and the child was having fever for last 15 days which did not respond to i.v antibiotics. There was not any history of recurrent respiratory or gastrointestinal infections.

On clinical examination the baby had generalized involvement of body in form of multiple erosions with oozing and crusting at places. Nail dystrophy was present in all twenty nails with accompanying paronychia. Oral candidiasis was present. The baby had cushingoid features on examination.

On systemic examination there was no lymphadenopathy and systemic examination was within normal limits. Routine hematological and biochemical examination were normal except for leukocytosis (TLC 12900) and blood, urine and pus cultures were sterile. Serology for immunodeficiency virus and ANA were both negative. Investigations for endocrinopathies could not be done due to financial constraints.

KOH scrapings from nails were performed and revealed pseudo-hyphae suggestive of candidiasis. KOH mount from oral mucosa could not be done as the child was irritated and not co operative. The child was started on Itraconazole in the dose of 5mg/kg with supportive measures including paraffin dressings of wound, fluid resuscitation and oral zinc. Fever settled after two weeks of therapy and skin lesions started to dried up. The parents were counseled about the illness and need for long duration of therapy. The child is still on Itraconazole with improvement in general condition.



- A. Erosion over anteriolateral surface of left lower leg
- B. Erosions and erythema involving bilateral cheeks and nostrils. Cushingoid features are evident over face
- C. Dystrophic nails and paronychia
- D. Large erosion with dirty yellow crusting over occipital region of scalp

Discussion:

Chronic mucocutaneous candidiasis comprises heterogenous group of diseases which include the sporadic form, familial variant, and endocrinopathy associated type (most common being autoimmune polyendocrinopathy candidiasis -ectodermal dystrophy) and the late onset type.^[2]

Mutations in the autoimmune regulator gene have been identified as the underlying defect in autoimmune polyendocrinopathy candidiasis -ectodermal dystrophy.^{[3],[4]}

Long-term treatment with systemic antifungals such as fluconazole, ketoconazole, itraconazole, voriconazole, or posaconazole or amphotericin B followed by any of the azoles (in severe cases) for prolonged periods repeatedly are the recommended treatments.^[5]

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest:

There are no conflicts of interest.

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