



Clinical Image

A young boy with livid rash



Fig. 1. (A) Well-demarcated, erythematous, scaly, crusted plaque over the periocular, perioral region. Scalp hairs were hypopigmented, dry and brittle. (B) Erythematous, thick scaly, crusted plaque over the perianal region, extending up to lower back.

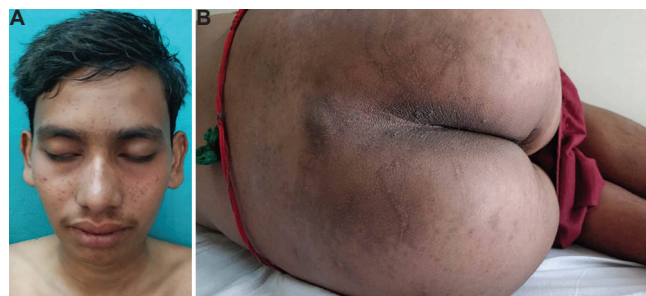


Fig. 2. (A) Complete clearance of the periocular and perioral rash. Regain of normal hair colour and texture. (B) Complete clearance of the rash over the perianal and lower back region.

A 14 yr old male child[†] presented with a livid rash to the department of Dermatology, All India Institute of Medical Sciences, New Delhi, India, in September 2019. The rash started over the face and buttocks. Examination revealed crusted, reddish plaques over the periocular, perioral and anogenital region (Fig. 1A and B). Hairs were dry, brittle and hypopigmented. Serum zinc and alkaline phosphatase levels were 51.13 µg/dl (normal: 80 - 120 µg/dl) and 89 U/l (normal: 40 - 129 U/l), respectively. With a diagnosis of acquired zinc deficiency, oral elemental zinc (50 mg thrice daily) was started. The rash completely subsided after six months with zinc treatment (Fig. 2A and B).

Zinc, is an essential trace element, and plays a key role in development and maintenance of all tissues, including the skin. In developing countries, zinc

deficiency is associated with an increase in morbidity and mortality among children and also predisposes them to tropical and mycobacterial infections. Zinc deficiency should be suspected in patients presenting with a triad of alopecia, diarrhoea and a periorificial and acral rash.

Conflicts of Interest: None.

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[†]The child's assent and parent's consent obtained to publish clinical information and images.