



Streptococcal Intertrigo

Streptokok İntertrigosu

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A 5.5-year-old boy was admitted with high fever, sore throat and a rash in gluteal region. His fever had started two days ago, and one day later a rash was noticed on his perianal region. Physical examination revealed 38.9°C fever, hyperemic, hypertrophic, and exudative tonsils and bilateral painful cervical lymphadenopathy. In addition, there was a painful, sharp-edged erythematous lesion in the perianal region which was compatible with intertrigo. Swab cultures were obtained from the throat and intertrigo lesion. Group A beta-hemolytic streptococci were isolated, but there were no fungal growth in intertrigo lesion. The patient was considered to have streptococcal intertrigo associated with tonsillopharyngitis. Oral penicillin V treatment was started for 10 days. Intertrigo lesion disappeared rapidly with this treatment.

Besides many different infections, streptococci are among the causative agents of intertrigo. The streptococcal intertrigo is characterised by a well-demarcated erythematous lesion with no satellite lesions and is usually accompanied by a typical malodor. The neck is the most commonly involved area, but the entire skin can hold the regions that fold. Contact dermatitis, seborrheic dermatitis, atopic dermatitis and

psoriasis should be considered in the differential diagnosis. The diagnosis is confirmed by microbiological detection of the agent in culture. Oral and topical antibiotics are effective in treatment. Consideration of streptococci as an causative agent is important to prevent inappropriate and long-term topical antifungal or corticosteroid therapy.



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