

A Rare and Severe Form of Diaper Dermatitis

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The authors report the case of a 7 week-old girl, without relevant medical history, presenting with non-periorificial papule-erosive lesions and diffuse erythematous erosive dermatitis in the gluteal, genital, and perineal area and an ulceration with well-defined borders and crater form configuration in the left gluteal region (Fig. 1), with two weeks evolution. The rest of the physical examination was normal. Previous topical treatment with emollient cream, clotrimazole, hydrocortisone, and isoconazole nitrate with diflucortolone valerate was unsuccessful. The mother was asked to increase diaper changing, avoid cleaning lotions, dry the area with a hairdryer on cold mode after washing, and apply a 40% zinc oxide repairing ointment. Evolution three days later is shown in Fig. 2. Within 10 days, the erosion resolved but the ulceration increased in width (Fig. 3). Cleaning with saline solution and applying an absorbent foam dressing with a transparent film dressing improved the clinical condition, with resolution of the ulceration within five days (Fig. 4). Jacket erosive diaper dermatitis is a rare and severe form of irritative diaper dermatitis.^{1,2} Several entities fall in this irritative diaper dermatitis clinical spectrum, such as perineal pseudoverrucous papule and nodules and granuloma *gluteale infantum*.¹⁻³ Pathogenic factors include attrition, urinary and fecal incontinence, and aggravating factors (topical irritants, fungal infection).¹ It is characterized by well-demarcated red-purple lesions in the genital/perianal region, progressing to slow-healing erosions and ulcers.^{1,2} The diagnosis is eminently clinical. Treatment consists in keeping the affected area as dry as possible and removing exacerbating factors with frequent diaper changing, periods without diaper, eviction of washing lotions, and local infection control (if present).² The literature reports inconsistent success of topical treatment with antibiotics, steroids, antifungals, and zinc oxide.¹ Global use of disposable diapers and advances in absorbent materials made this entity rare nowadays and unfamiliar to many physicians.¹ Nonetheless, its recognition is important due to the therapeutic challenge it poses.¹⁻³



Figure 1. Papule-erosive lesions and diffuse erythematous erosive dermatitis in the gluteal, genital, and perineal area as well as an ulceration with well-defined borders and crater form a configuration in the left gluteal region.



Figure 2. Partial resolution of erythematous erosive lesions after three days of treatment.

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Figure 3. Width increase of the left gluteal ulceration.

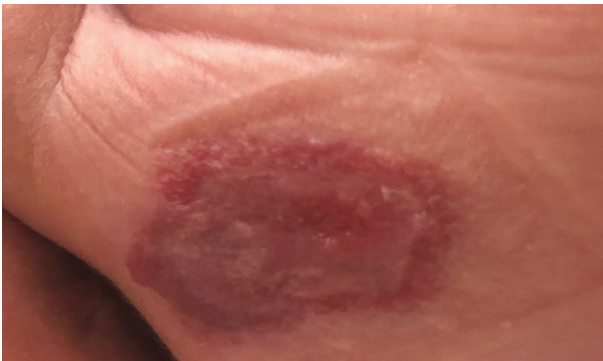


Figure 4. Resolution of the ulcerative lesion after five days of treatment with saline solution and dressing care.

Keywords: Diaper Rash/therapy; Diapers, Infant/adverse effects; Infant

WHAT THIS REPORT ADDS

- There are severe forms of diaper dermatitis, such as Jacket erosive diaper dermatitis, which can be difficult to resolve.
- Keeping the affected area as dry as possible and removing exacerbating factors are the key for the treatment.
- Frequent diaper changing, periods without a diaper, eviction of washing lotions, and control of local infection (if present) are essential measures.

Conflicts of Interest

The authors declare that there were no conflicts of interest in conducting this work.

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Confidentiality of data

The authors declare that they have followed the protocols of their work centre on the publication of patient data.

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