

Perianal Streptococcal Dermatitis: A Frequent Misdiagnosed Condition

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A healthy 5-year-old male presented to the emergency department with a three-month history of anal pruritus, painful defecation, and retentive constipation without systemic symptoms. Since the beginning of the symptoms, he was treated with oral anthelmintic, topical antifungal, and corticosteroids without clinical improvement. The perianal region showed a circumferential well-demarcated painful erythema, 4 cm in diameter, with desquamation (Fig. 1). The rapid antigen detection test for group A *Streptococcus* of the perianal lesion was positive. A perianal swab was sent for culture which later reported to be positive for group A *Streptococcus*. The child was discharged with oral amoxicillin 50 mg/kg/day for 10 days resulting in rapid clinical improvement without relapse (Fig. 2).

Perianal streptococcal dermatitis is a superficial skin infection frequently caused by group A *Streptococcus*.¹ Most cases occur during childhood, between 6 months and 10 years of age, and boys are commonly more affected than girls.¹⁻⁵ Signs and symptoms include perianal rash and pruritus, painful defecation, constipation, purulent secretion, anal fissures, and blood-streaked stools.^{1,3} The hallmark of perianal streptococcal dermatitis is a sharply demarcated perianal erythema, extending 2-4 cm around the anus.¹ The diagnosis is based on a high index of suspicion and confirmed by the identification of group A *Streptococcus* from the lesion.^{1,5} The rapid antigen detection test of the swab can be used, thereby allowing a quicker diagnosis, although the culture of perianal swabs remains the gold standard.^{1,5} Early antibiotic treatment results in a rapid clinical improvement.^{1,3} A minimum 10-day treatment with amoxicillin 50 mg/kg/day is recommended,¹⁻⁵ although relapses may occur in up to 40% of cases.¹

Despite its distinctive presentation, perianal streptococcal dermatitis is often misdiagnosed by many health care professionals.^{1-3,5} It is often confused with other conditions, such as diaper dermatitis, seborrheic dermatitis, candidiasis, and pinworm infestation^{1,4}, and

many children undergo unnecessary treatments.^{1,2,4} A wider awareness of this condition is essential to improving patient outcome.

Keywords: Anus Diseases; Child, Preschool; Skin Diseases, Bacterial; Streptococcal Infections/diagnosis



Figure 1. Presentation in the emergency department.



Figure 2. Clinical findings after 10 days of treatment.

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WHAT THIS REPORT ADDS

- Although well-defined, perianal streptococcal dermatitis remains underdiagnosed.
- Since it can mimic other frequent skin conditions, a high index of suspicion is needed to avoid unnecessary treatments and improve patient outcome.
- Early adequate treatment usually results in a rapid clinical improvement.

Conflicts of Interest

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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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