

Malar Rash in a Child with Chronic Granulomatous Disease



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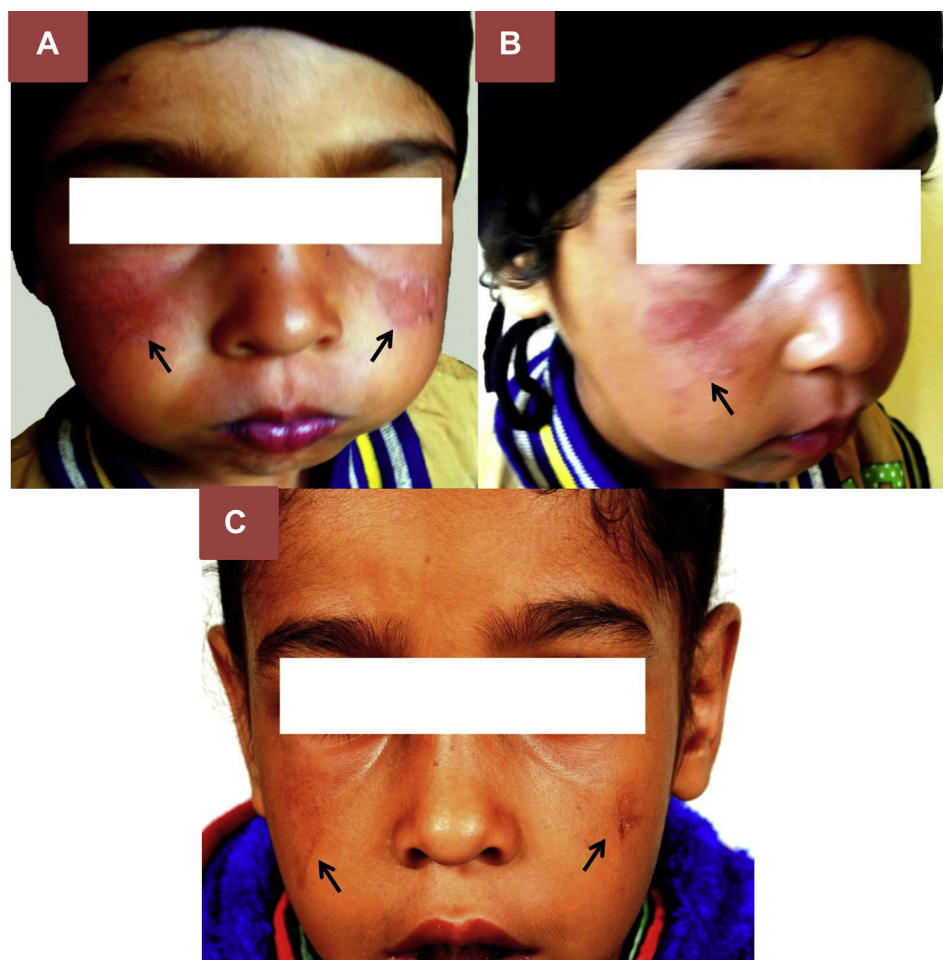


FIGURE 1. Voriconazole-induced photosensitivity. Child with chronic granulomatous disease had bilateral erythematous malar rash after the start of voriconazole therapy (A, B) that resolved with residual hyperpigmentation after stopping voriconazole (C).

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A 4-year-old boy was diagnosed as a case of X-linked chronic granulomatous disease at 2 years of age at our center with predominant symptoms of colitis and recurrent pneumonia. He presented with photosensitive malar rash for a duration of 5 days (Figure 1, A and B). There was no associated fever, oral ulcers, and alopecia. The child was otherwise active and systemic examination was normal. He had been admitted for persistent pneumonia 2 months before this presentation that was diagnosed to be fungal pneumonia. He received 2 weeks of intravenous amphotericin B and later discharged on oral voriconazole 9 mg/kg/dose twice daily. Clinical examination revealed bilateral erythematous rash over malar region sparing the nasolabial fold and nasal bridge (Figure 1, A and B). There were no oral ulcers or any cutaneous lesions over other parts of body. His photosensitive rash was suspected to be voriconazole

induced, which was replaced with oral itraconazole. He was also advised on photoprotective measures and regular sunscreen application. The rash gradually subsided, with residual hyperpigmentation over the involved region (Figure 1, C).

Voriconazole is an azole antifungal used as a first-line agent for invasive *Aspergillus* infections.¹ Long-term use of voriconazole results in dermatologic reactions in around 33% of children and the most common is photosensitivity characterized by erythematous eruptions in sun-exposed areas.² Other dermatological side effects reported are cheilitis, urticaria, erythema multiforme, Stevens-Johnson syndrome, pseudoporphyria, and skin malignancies.² Exact pathogenesis for photosensitive reactions remains unclear and doses more than 6 mg/kg has higher risk of developing phototoxicity.² Photosensitive rashes may develop into nonmelanoma skin cancer in prolonged

use of voriconazole.³ Hence, it is important to recognize this dermatologic reaction of voriconazole, whose therapeutic use is expanding in pediatrics. Photoprotective measures and substitution of voriconazole with itraconazole alleviated the symptoms in our child.

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