

**Clinical Image***Open Access, Volume 5***Idiopathic facial aseptic granuloma: A pediatric entity to keep in mind****\*Corresponding Author: Sara Nejari**

Cheikh Khalifa International University Hospital,  
Mohammed VI University of Health Sciences,  
Department of Hematology, Casablanca, Morocco.  
Email: saranejjari5@gmail.com

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**Introduction & objectives**

Idiopathic aseptic granuloma of the face or cold pyoderma corresponds to a single, chronic, painless inflammatory nodule localized to the cheek, more rarely to the eyelid. We report the case of a child with a nodule of the face who was wrongly treated with antibiotics. The need for early diagnosis to avoid topical and/or systemic antibiotic treatment, which could lead to antibiotic resistance, especially as the duration of the disease does not appear to be shortened by the use of antibiotics.

**Materials & methods**

Patient R.Z, aged 4, presented with a nodule of the face that had been evolving for 6 months. The patient was initially treated with local antibiotics, followed by well-conducted oral antibiotics, without any improvement. Clinical examination revealed a single nodule on the face with an inflammatory appearance, purplish red in color, no telangiectasia, no papulopustular lesions and no ophthalmological signs consistent with rosacea. All this evolved in a context of apyrexia and preservation of general condition. Dermoscopy showed erythema with perifollicular hypopigmentation and follicular obstruction. A bacteriological sample was taken with no abnormalities.

**Results**

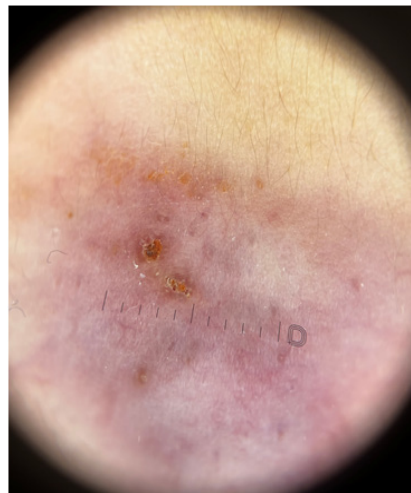
The diagnosis of idiopathic aseptic granuloma of the face was made based on the cold nature of the nodule, its chronic course, the negativity of bacteriological samples and the spontaneous regression of the nodule. Cold pyoderma is a rare pediatric entity, first described in 1999 [1]. It typically presents as a single nodule, usually on the face, although other localizations have been reported in the literature, notably of the lower eyelid. Bacteriological samples are always negative, as is skin biopsy. In general, treatment consists of therapeutic abstention [2]. A case of a 7-year-old boy with trisomy 21 with an idiopathic facial aseptic granuloma of the cheek has been reported, successfully treated with low dose of isotretinoin. The disease evolves chronically over several weeks to months, with spontaneous healing and sometimes scarring [3]. Some children may go on to develop rosacea.

**Conclusion**

The importance of early diagnosis of this pathology lies in preventing antibiotic resistance and following up these children to detect any associated infantile rosacea.



**Figure 1:** Unique erythematous violaceous nodule of the face.



**Figure 2:** Dermoscopy showed erythema with perifollicular hypopigmentation and follicular obstruction.

### References

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