

**Abstract N°: 4613****Herpetic Folliculitis in an Immunocompetent Patient**

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**Introduction:** Herpetic folliculitis is a rare manifestation of herpes virus infection, reported most commonly in immunocompromised patients. It usually represents a diagnostic challenge, due to the absence of characteristic skin manifestations. In immunocompetent patients the diagnosis is even more challenging.

**Case report:** Female, 30 years old, nurse, with a history of the appearance of follicular pustules, which evolved into blisters with exudative content and, later, painful ulcers, in the inguinal region bilaterally, glutes, abdomen and right lower limb, for three months, with episodes of fever measured during the period. She developed cold sores, which began three days after the lesions appeared on his body. During this period, she underwent several medical consultations, and was prescribed empirical treatment with amoxicillin for ten days, Sulfamethoxazole and Trimethoprim for seven days, Clindamycin for seven days, Cephalexin for ten days, in addition to Cefuroxime for one month, without improvement. She had a history of cold sores since childhood, with an average of fifteen episodes in six months. Patient without comorbidities. She denies using continuous medication, smoking, alcoholism and drug addiction. On physical examination, she presented an erythematous plaque overlaid with a hematic crust on the left lower lip, pustules in the inguinal region, as well as blisters with exudative content and ulcers on the buttocks, left leg and abdomen. Herpetic folliculitis was listed as a diagnostic hypothesis and a skin biopsy was performed on the right leg, whose anatomopathological examination confirmed dermatovirus due to follicular herpesvirus. Furthermore, general laboratory tests and serology were requested, with negative results. Therefore, Valacyclovir one gram three times daily for seven days was prescribed. The patient evolved with complete remission of the lesions.

**Discussion:** Although herpetic skin infection is very common, herpetic folliculitis is infrequently reported in the literature, especially in immunocompetent patients. It has varied presentations, some of which are clinically atypical requiring histopathological confirmation of follicular involvement. The most frequent clinical findings are first erythematous papules and plaques, followed by vesicles or pustules and finally ulcers. A skin biopsy may be necessary, due to the range of differential diagnoses, to detect findings consistent with herpetic folliculitis, such as intranuclear viral inclusions with multinucleated giant cells in and around the follicular epithelium. The treatment of choice is Acyclovir or Valacyclovir in shorter courses.

**Conclusion:** Even though the diagnosis of herpetic folliculitis in immunocompetent patients is infrequent, it should be listed as a diagnostic hypothesis when there are follicular lesions in patients who have a history of herpes simplex. This allows for early diagnosis and treatment, reducing disease-related morbidity.

