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Gianotti Crostti in underdiagnosing the disease and the causal agent

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Introduction: Gianotti-Crosti syndrome, also known as papular acrodermatitis, affects most frequently children (especially between 2 and 6 years of age) and the main causative agents are the hepatitis B and Epstein-Barr viruses. There may also be an association with bacterial infections and vaccination. **Materials & Methods:** Clinically, the disease normally manifests as a symmetrical, pruritic or asymptomatic papular eruption, classically affecting the face, buttocks and extensor surfaces of the forearms and legs and tipically resolve spontaneously within 2 months. The syndrome can usually be diagnosed based upon the anamnesis and physical examination, and the skin biopsy is only used in doubtful cases. Hypotheses to be ruled out differentially include: erythema infectiosum, erythema multiforme, scabies and hand foot and mouth disease. Most children with GCS have an excellent prognosis, although the course may be prolonged. Spontaneous remission without active intervention is the rule. During the initial two to three weeks, new papules and papulovesicles continue to occur, and the areas of involvement expand. The distribution is most classic in the middle phase of the disease. Persists for 10 days to 6 months. Most patients achieve resolution of papules and associated pruritus within two weeks to two months. Near the end of the course, slow resolution of the skin lesions occurs. Recurrences are rare. When present, lymphadenopathy and hepatomegaly (or hepatosplenomegaly) usually take longer to resolve than the cutaneous lesions. **Results:** A 9-years-old boy, presenting pruritic lesions on the upper and lower limbs for approximately 15 days. Past Medical History: one and a half month ago, he developed symptoms suggestive of hepatitis (choluria, fecal acholia, low-grade fever and alteration in liver enzymes), with no diagnosed cause (negative serologies for hepatitis A, B, C, toxoplasmosis, CMV, EBV). After this situation, he developed tonsillitis and underwent treatment with amoxicillin. The physical examination reveled normochromic papules, some slightly pink, ranging from 1 to 4 mm in diameter, on the forearms, face and lower limbs. The diagnostic hypothesis was Gianotti Crostti Syndrome. Topical corticosteroid lotion was prescribed associated with antihistamine and therapeutic hydration. **Conclusion:** In terms of therapeutic approach, as GCS is commonly self-limited, it can be treated with supportive therapy to relieve pruritus, when present. Which can be done through topical emollients, lotions containing substances such as calamine and pramoxine, and also through antihistamines and low or medium potency topical corticosteroids.