

CASE 30-3

A 10-year-old boy present with a 2-month history of a thick slightly tender plaque on his scalp. His mother states that he had a, slightly pruritic, scaly rash in the area before this lesion developed. His posterior cervical lymph nodes are slightly enlarged. Physical examination of the scalp reveals a thick boggy plaque with pustules.



What is the one most likely diagnosis?

- (A) Psoriasis
- (B) Cellulitis
- (C) A malignant skin tumor such as a cutaneous T-cell lymphoma
- (D) Atopic dermatitis
- (E) Kerion

The correct answer is (E), kerion.

A kerion is caused by a marked inflammatory response to a fungal infection of the scalp. It typically presents with a thick, boggy, tender plaque. Cervical lymphadenopathy is commonly present.

Psoriasis of the scalp may be associated with pruritus and is not typically tender nor accompanied by lymphadenopathy. Scalp cellulitis is uncommon in children and would be an unusual location. Likewise, malignant cutaneous tumors are rare in this age group. Atopic dermatitis is typically pruritic and not painful.