546

THE DIAGNOSIS OF MYOPERICARDITIS IN AN ADOLESCENT WITH ANXIETY DISORDER PRESENTING WITH CHEST PAIN

L. Correia-Costa¹, J. Miranda¹, S. Paupério¹,
A. Vieira², A. Maia¹

¹Serviço de Pediatria, ²Serviço de Cardiologia
Pediátrica, Hospital S Joao, Porto, Portugal

Background: Chest pain is a common symptom in children and adolescents and has important functional consequences since it may result in restriction of activities, school absenteeism and anxiety in the family. Nevertheless, it's frequently underestimated, especially in adolescence.

Case report: A 15-year-old male adolescent, followed as an outpatient by Pedopsychiatry for several years for an anxiety disorder, but otherwise healthy, presented with dull anterior chest pain, more intense in the precordium, which awakened him during the night, subsisting in the morning. The pain had no irradiation and exacerbated with respiratory movements. He complained of dry cough and myalgias since the day before. In the physical examination, was afebrile, hemodynamically stable and a pericardial friction rub was evident in auscultation. Three days ago, he presented a tooth abscess, for which he was taking roxitromicin (600mg/kg/day). Electrocardiogram showed low voltage in all member derivations, early depolarization and mild ST segment elevation (~1mm) with upper concavity in all derivations. Two-dimensional echocardiography showed no relevant findings. Blood tests revealed no inflammatory markers rise but considerable troponin I (4.56ng/mL) and CK-MB (24.00ng/mL) elevation. Serologies and PCR detection of viral genome were performed. He was treated in ambulatory regimen with acetylsalicylic acid (100mg/kg/day).

Comments: In this case, a thorough history and physical examination, along with electrocardiogram and laboratory testing, revealed an organic cause for chest pain that could otherwise have been undiagnosed or attributed to a psychogenic cause. Despite the benign course of this case of myopericarditis, without adequate treatment it could have gone differently.

547

ACNE FULMINANS, A RARE VARIANT OF ACNE: CASE REPORT

J. Miranda¹, L. Correia-Costa¹, R. Santos-Silva¹,
S. Magina², A. Maia¹, C. Rêgo¹

¹Serviço de Pediatria, ²Serviço de Dermatologia e
Venereologia, Hospital S Joao, Porto, Portugal

Background: Acne fulminans is a rare and exuberant variant of acne, mainly affecting young males with a previous history of acne vulgaris. It is a systemic disease of unknown etiology characterized by necrotizing acne associated with constitutional symptoms and laboratory abnormalities.

Case report: Fourteen-year-old male adolescent with no previous history of acne, admitted to Paediatric Department of Hospital S. João - Porto for acne fulminans. Three weeks ago, he had consulted a Dermatologist due to the appearance of painful papular and pustular lesions on the face and anterior chest, along with low-grade fever. He was treated with amoxicillin/clavulanic acid, isotretinoin and prednisolone, with no improvement. Complementary exams showed leukocytosis with neutrophilia and elevated C-reactive protein and transaminases. In the dermatological exam, exuberant and exudative ulcerated and crusted lesions were observed localized on the trunk and, with less intensity, on the face and neck. Systemic prednisolone in higher doses, isotretinoin and topical treatment with polyurethane dressings were instituted, with clinical improvement and gradual involution of skin lesions. The therapy with isotretinoin was maintained for up to 4 months and the therapy with systemic glucocorticoid was maintained for 2 weeks and then progressively tapered.

Comments: The authors describe a clinical case of acne fulminans in a male adolescent, with exuberant dermatological lesions and good therapeutic response to systemic corticoid, isotretinoin and topical treatment. Early diagnosis of acne fulminans and appropriate therapeutic intervention are essential for effective disease control to avoid deforming residual scars and to minimize the risk of recurrence.