X-linked Ichthyosis: Image article

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Sir,

We report a case of 2 months old infant from a consanguineous marriage, presented of adherent translucent scales begin to appear in a generalized distribution and desquamate widely. A number of other families with similar clinical findings and pedigrees were reported. Clinical examination revealed polygonal, loosely adherent translucent scales with sparing of flexures (Figs. 1a and 1b). Biologic examinations were normal. Patient was diagnosed as X-linked ichthyosis based on clinical features, history other families with similar clinical findings. He was prescribed topical emollients, he showed improvement in scaling after six weeks (Figs. 1c and 1d).

There exists a group of rare, inherited scaly skin disorders, generally termed ichthyosis, are due to mutations in genes mostly involved in skin barrier formation [1]. They share as a common feature, thickening of the stratum corneum leading to a scaly appearance of the skin. There are two types of inherited ichthyoses: non-syndromic ichthyoses and ichthyosis syndromes [2]. On-syndromic ichthyoses are characterized by the phenotypic expression of the disorder being seen only in the skin, include ichthyosis vulgaris, recessive X-linked ichthyosis and other forms. Individual types of ichthyosis may be distinguished on clinical grounds [3]. Most patients have disease limited to the skin. The majority of cases improves with age and do require symptomatic treatment is performed with topical keratolytics and emollients [2,3], given the complex pathophysiology that aimed to repair and

Figure 1: (a-d) 2 month infant presents with polygonal, loosely adherent translucent scales with sparing of flexures (a and b). And l'evolution: complete re-epithelialization within six weeks (c and d).

protect the skin barrier and improve quality of life of these patients.

Consent

The examination of the patient was conducted according to the Declaration of Helsinki principles.

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