
GRAM-NEGATIVE FOLLICULITIS. A RARE PROBLEM OR IS IT UNDERDIAGNOSED? CASE REPORT AND LITERATURE REVIEW

Sierra-Téllez Daniela, Ponce-Olivera Rosa María, Tirado-Sánchez Andrés¹,
Hernández Marco Antonio, Bonifaz Alexandro

Professor Antonio Chuh

I congratulate the authors for having documented an unusually severe case of Gram-negative folliculitis (GNF) necessitating systemic retinoid therapy. Marked clinical remission was seen at three months. I wonder whether there was a clinical relapse in the few months after cessation of systemic retinoids. The epidemiology, pathophysiology, symptomatology, and management of GNF were well reviewed by the authors. I entirely agree with them that this condition is under-diagnosed and under-treated. The incidence is unknown as we lack the denominator to start with.

*Antonio Chuh
Adjunct Associate Professor
School of Public Health
The Chinese University of Hong Kong*

For patients with flares of acne vulgaris or rosacea, GNF should be considered. I have been seeing patients with perioral and periorbital dermatitis exacerbated by GNF. A descriptive study for GNF for this group of patients would be highly worthwhile.

In patients with nodulocystic acne, open- and closed-comedones could be mistaken for GNF. For these patients, we have found that digital epiluminescence dermatoscopy can be of much diagnostic assistance. We hope to document such images when we see further patients with GNF captured digitally to be submitted as case reports.