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

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Folliculitis is a typical pyoderma located within hair follicles and apocrine regions. Hair follicles can become inflamed by physical injury, chemical irritant or infection that leads to folliculitis. The lesions are characterized with a small, erythematous and sometimes pruritic papules by central pustule and fine surrounding collar of desquamation. It may be deep seated or superficial. The most common form is superficial folliculitis that manifest as a tender or painless pustule that heals without scarring. The lesion may be appearing as single or multiple on the skin bearing hair including the head, neck, trunk, buttocks and extremities. Fever or associated systemic symptoms rarely exist. Folliculitis sometimes can progress to form subcutaneous abscess (furuncles) or carbuncle (1,2).

*Staphylococcus aureus* is the usual cause of folliculitis. Gram-negative bacteria and fungi are less frequently responsible from folliculitis. Among gram-negative bacteria, *Klebsiella spp.*, *Escherichia coli*, *Enterobacter spp.*, *Proteus spp* and *Pseudomonas spp.* are more frequently isolated (2,3). The face is generally involve in gram-negative folliculitis and the majority of patients have a history of long-term antibiotic therapy for acne. It can be treated with isotretinoin, but it should not be forgotten of the side effect, including birth defect ( 2).

In this issue of Our Dermatology Online Journal, Sierra-Téllez Daniela and et al (4) reported a case with *E. coli* folliculitis on the face. The history of patient, clinical features and etiologic agent are well described in this case report. The patient's lesion picture and demonstration of etiological agent in microscopy and on bacteriologic media are very educative materials for young physicians. The patient had also received tetracycline hydrochloride for 2 months for mild to moderate acne, as well as topical clindamycin intermittently for six months. The data for the combination with topical treatments (topical benzoyl peroxide or retinoids) suggest synergistic effects. In this case the combined use of topical and systemic antibiotics is not suitable for acne treatment. A healing was obtained in this case with the therapy of oral isotretinoin.

This paper shows that in a resistant to conventional therapy in cases with acne, some rare etiological agents should be considered.

## REFERENCES / PIŚMIENNICTWO:

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