



GIANOTTI-CROSTI SYNDROME

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Gianotti-Crosti Syndrome (GCS) is also known as ‘papular acrodermatitis of childhood’ and ‘papulovesicular acrodermatitis’. GCS is a viral eruption that typically begins on the buttocks and spreads to other areas of the body. The rash also affects the face and the extremities. The chest, back, belly, palms and soles are usually spared.

In the United States, it is most commonly caused by Epstein-Barr virus infection. Hepatitis B is a common cause in parts of the world where the vaccination is not given. Other viruses that cause the rash include hepatitis A and C, cytomegalovirus, enterovirus, coxsackievirus, rotavirus, adenovirus, human herpes virus-6, respiratory syncytial virus, parvovirus B19, rubella, HIV, and parainfluenza. It has also been associated with viral immunizations for poliovirus, hepatitis A, diphtheria, small pox, pertussis and influenza. GCS most commonly occurs in children between the ages of one to three but can occur at any time from the ages of three months to fifteen years. The condition manifests more commonly in the spring and summer and lasts for four weeks but can last up to eight weeks. The rash has been known to occur more commonly in children with atopic dermatitis.

The lesions present as single, red to pink to brown colored bumps that may be fluid-filled. The size of the lesions can range from one to ten millimeters and present symmetrically. The bumps can come together and form larger lesions. Sometimes the child may present with a fever, enlarged tender lymph nodes and an enlarged spleen or liver. The rash may become itchy over time. Once the rash appears, the patient is no longer contagious.

GCS is diagnosed clinically. **Skin biopsies** typically do not help with this condition but may be used to rule out other diseases. If a virus is suspected, testing can be obtained for antibodies against each virus, although this is not typically practiced. The physician should inquire about any history of immunizations. If the patient has not been immunized against hepatitis B, the patient should be worked up for hepatitis B and have their liver enzymes tested.

Currently, there is no treatment for GCS. The rash spontaneously resolves over several weeks. The enlarged lymph nodes may last up to three months. A dermatologist or pediatric dermatologist should be consulted. **Antihistamines** may help decrease the itchiness but will not shorten the course of the rash. Other anti-itch topical medications may be applied including pramoxine. Most importantly, the child and parents should be educated and reassured that the rash is self-limiting.

This information has been provided to you compliments of the American Osteopathic College of Dermatology and your physician.

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