



## CASE REPORT

# Eosinophilic Pustular Folliculitis (EPF) or Ofuji Disease: Case Report

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### Case Report

Eosinophilic pustular folliculitis (EPF) or Ofuji disease is a rare chronic disease, described in 1970 by the latter and whose etiopathogeny remains unclear. EPF is clinically presented as pruriginous follicular papulo-pustules predominating the seborrheic regions; namely

the face, the upper trunk and the extension face of the upper limbs, associated with blood eosinophilia, without systemic involvement. Histologically, it is characterized by an inflammatory infiltrate rich in eosinophiles affecting the pilosebaceous follicle, sitting between the ostium and the infundibulum. Despite the enrichment of the literature of new cases, the therapeutic difficulty remains topical. We report the case of a 62-year-old diabetic and hypertensive woman, on treatment for 3 years and who presents since one year an eruption made of pruriginous papulo-pustules,



Figure 1: Papulo-pustules on the scalp, and trunk.

sitting on the face, scalp, and trunk (Figure 1), sparing limbs and evolving in recurrent thrusts. The general condition of the patient was preserved, and fever was absent. The rest of the clinical examination was without particularities. Clinically, it has been proposed diagnoses of lymphomatoid papulosis, eczema, dermatophytia, generalized acute exanthematous pustulosis, and eosinophilic pustular folliculitis. Biologically, a blood eosinophilia at 850/mm<sup>3</sup> was observed. Bacterial and mycological sampling were negative in the pustules. The histological examination showed eosinophilic

spongiosis of the epidermis and intraepidermal abscesses containing numerous eosinophils, and a mixed inflammatory infiltrate mainly eosinophils with some neutrophils and mononuclear cells of the follicular infundibulum. This same appearance was observed in the superficial dermis and around the lower parts of the hair follicles. Thereby the diagnosis of EPF was retained. The patient was placed on oral corticosteroid therapy at a dose of 1 mg/kg/day of prednisone with progressive degression after disappearance of lesions to avoid relapse.