

## An Asymmetrical Case

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**Figure 1:** Maculopapular rash in the flexural area of the right elbow.



**Figure 2:** Extension of the rash to the forearm and ipsilateral hand 10 days later.



**Figure 3:** Ipsilateral involvement of the axilla, lateral chest region, and thigh.

### Clinical Image

Asymmetric Periflexural Exanthem of Childhood (APEC) is a rare, self-limited dermatosis, with unknown etiology, primarily affecting females aged 2 to 3, characterized by the initial unilateral erythematous maculopapular rash in flexural areas, commonly in the axillary region. 10 to 15 days later, the rash extends to other parts, such as ipsilateral arm or chest. The contralateral side is affected in 70% of the cases. The diagnosis is clinical, and additional investigation is usually unnecessary [1-3].

A healthy 27-month-old girl developed a maculopapular rash in the flexural area of the right elbow (Figure 1). There was no fever or other symptoms. About 10 days later, the rash extended to the forearm and ipsilateral hand (Figure 2). Subsequently, there was ipsilateral involvement of the axilla, lateral chest region, and thigh (Figure 3). The diagnosis was established based on progression and clinical presentation, the parents were informed, and 7 weeks later, the lesions had fully resolved.

APEC should be considered in a child with nonspecific asymmetric maculopapular rash. The pronounced rash in APEC contrasts with the child's overall health. It doesn't have a specific treatment, has excellent prognosis, and usually resolves spontaneously within 4 to 6 weeks, without recurrence or complications [1-3].

**Keywords:** Periflexural asymmetric; Asymmetrical; Dermatitis; Purpura; Exanthem

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