Lésions du cuir chevelu

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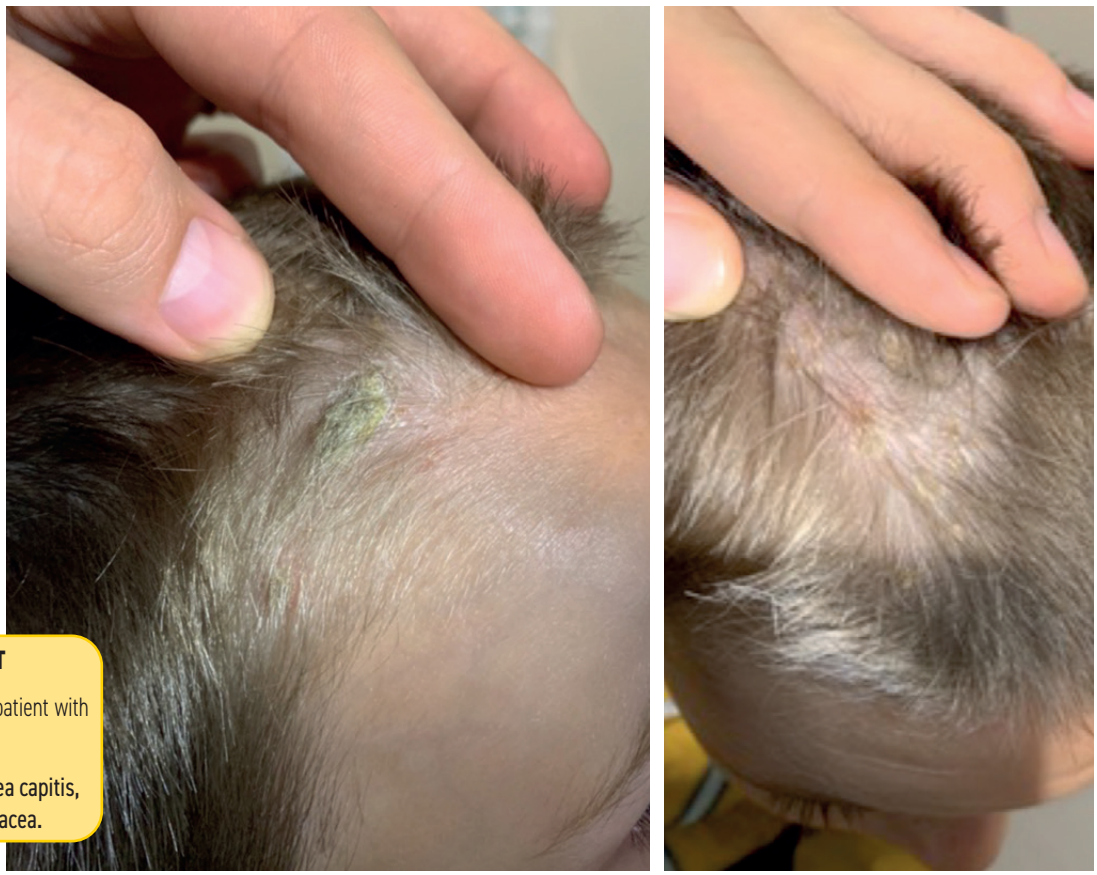
L'auteur déclare ne pas présenter de liens d'intérêts avec l'industrie pharmaceutique ou de dispositifs médicaux en ce qui concerne cet article.

Le petit Nicolas, 5 ans, est emmené en consultation car il présente depuis une semaine des croutes sur le cuir chevelu. Celles-ci deviennent plus volumineuses et abondantes d'après la mère.

C'est la première fois qu'il présente ce genre de lésions sur le cuir chevelu. Il ne ressent pas de prurit. Son état général est bon. Il a de l'appétit. Son sommeil est correct. Il n'a aucune plainte. Il ne présente aucune allergie et n'a aucun antécédent relevant. Il se lave tous les jours et lave ses cheveux tous les deux jours. Maman n'a pas changé de shampoing et n'utilise aucun nouveau produit. Il est le seul de la maisonnée à présenter cette affection. Il n'y a pas d'animaux à la maison et il n'y a pas de notion de voyage récent.

À quelle pathologie doit-on penser ?
Quel traitement pouvons-nous proposer ?



ABSTRACT

Story of a 5-year-old patient with scabs on the scalp.

Keywords : scalp, tinea capitis, pseudotinea amiantacea.

RÉSUMÉ

Histoire d'un jeune patient de 5 ans présentant des croutes au niveau du cuir chevelu.

Mots-clés : cuir chevelu, tinea capitis, fausse teigne amiantacée.

EVENITY®▼
(romosozumab) injection

After Fragility Fracture

LIFE SHOULDN'T HAVE TO STAND STILL

Evenity for 12 months
followed by 12 months of alendronate[1]

Evenity is indicated in treatment of severe osteoporosis in postmenopausal women at high risk of fracture[1]

↓50 % RRR* **In new vertebral fractures**[1–3]
P<0.001

Vs 24 months of alendronate alone[1–3]

*RRR at 24 months by LOCF: 50% (nominal P<0.001): EVENITY-to-Alendronate: 4.1% (74/1825) vs Alendronate-to-Alendronate: 8.0% (147/1843). LOCF, last observation carried forward; RRR, relative risk reduction.

References: 1. Evenity SmPC. Available at: https://www.ema.europa.eu/en/documents/product-information/evenity-epar-product-information_en.pdf. 2. Saag KG, Petersen J, Brandi ML, et al. Romosozumab or alendronate for fracture prevention in women with osteoporosis. N Engl J Med 2017;377:1417–27. DOI: 10.1056/NEJMoa1708322. 3. Supplement to: Saag KG, Petersen J, Brandi ML, et al. Romosozumab or alendronate for fracture prevention in women with osteoporosis. N Engl J Med 2017;377:1417–27. DOI: 10.1056/NEJMoa1708322.

A summary of the safety profile and undesirable effects can be found in the abbreviated product information hereunder.

Inspired by patients. Driven by science.

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EVENITY - Solution for injection in pre-filled pen or in pre-filled syringe - ABBREVIATED PRODUCT INFORMATION

▼This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions. See section "undesirable effects" for how to report adverse reactions. **NAME OF THE MEDICINAL PRODUCT** EVENITY 105 mg solution for injection in pre-filled pen EVENITY 105 mg solution for injection in pre-filled syringe. **QUALITATIVE AND QUANTITATIVE COMPOSITION** EVENITY 105 mg solution for injection in pre-filled pen Each pre-filled pen contains 105 mg of romosozumab in 1.17 ml of solution (90 mg/ml). EVENITY 105 mg solution for injection in pre-filled syringe Each pre-filled syringe contains 105 mg of romosozumab in 1.17 ml of solution (90 mg/ml). Romosozumab is a humanized IgG2 monoclonal antibody produced using recombinant DNA technology in Chinese hamster ovary (CHO) cells. For the full list of excipients, see section 6.1 of the SmPC. **PHARMACEUTICAL FORM** Solution for injection (injection). Clear to opalescent, colorless to light yellow solution. **THERAPEUTIC INDICATIONS** EVENITY is indicated in treatment of severe osteoporosis in postmenopausal women at high risk of fracture. **POSOLOGY AND METHOD OF ADMINISTRATION** Treatment should be initiated and supervised by specialist physicians experienced in the management of osteoporosis. Posology : The recommended dose is 210 mg romosozumab (administered as two subcutaneous injections of 105 mg each) once monthly for 12 months. Patients should be adequately supplemented with calcium and vitamin D before and during treatment. Patients treated with EVENITY should be given the package leaflet and the patient alert card. Following completion of romosozumab therapy, transition to antiresorptive therapy is recommended in order to extend the benefit achieved with romosozumab beyond 12 months. Missed doses : If the romosozumab dose is missed, administer as soon as it can be feasible. Thereafter, the next romosozumab dose should not be given earlier than one month after the last dose. Special populations : *Elderly :* No dose adjustment is necessary in elderly patients. *Renal impairment :* No dose adjustment is required in patients with renal impairment. Serum calcium should be monitored in patients with severe renal impairment or receiving dialysis. *Hepatic impairment :* No clinical trials have been conducted to evaluate the effect of hepatic impairment. *Paediatric population :* The safety and efficacy of romosozumab in paediatric patients (age <18 years) have not yet been established. No data are available. Method of administration : *Subcutaneous use* : To administer the 210 mg dose, 2 subcutaneous injections of romosozumab should be given into the abdomen, thigh, or upper arm. The second injection should be given immediately after the first one but at a different injection site. Administration should be performed by an individual who has been trained in injection techniques. For instructions on handling and disposal. **CONTRAINDICATIONS** Hypersensitivity to the active substance(s) or to any of the excipients. Hypocalcaemia. History of myocardial infarction or stroke. **UNDESIRABLE EFFECTS** Summary of the safety profile : The most common adverse reactions were nasopharyngitis (13.6%) and arthralgia (12.4%). Hypersensitivity-related reactions occurred in 6.7% of patients treated with romosozumab. Hypocalcaemia was reported uncommonly (0.4% of patients treated with romosozumab). In randomised controlled studies, an increase in serious cardiovascular events (myocardial infarction and stroke) has been observed in romosozumab treated patients compared to controls (see section 4.4 and information below). Tabulated list of adverse reactions : The following convention has been used for the classification of the adverse reactions: very common (≥ 1/10), common (≥ 1/100 to < 1/10), uncommon (≥ 1/1,000 to < 1/100), rare (≥ 1/10,000 to < 1/1,000) and very rare (< 1/10,000). Within each frequency grouping and system organ class, adverse reactions are presented in order of decreasing seriousness. **Infections and infestations**: Very common: Nasopharyngitis. Common: Sinusitis. **Immune system disorders:** Common: Hypersensitivity, Rash, Dermatitis. Uncommon: Urticaria. Rare: Angioedema, Erythema multiforme. **Metabolism and nutrition disorders:** Uncommon: Hypocalcaemia. **Nervous system disorders:** Common: Headache. Uncommon: Stroke. **Eye disorders:** Uncommon: Cataract. **Cardiac disorders:** Uncommon: Myocardial infarction. **Musculoskeletal and connective tissue disorders:** Very common: Arthralgia. Common: Neck pain, muscle spasms. **General disorders and administration site conditions:** Common: Injection site reactions. Description of selected adverse reactions: *Immunogenicity:* In postmenopausal women dosed with monthly romosozumab, the incidence of anti-romosozumab antibodies was 18.6% (1162 of 6244) for binding antibodies and 0.9% (58 of 6244) for neutralizing antibodies. The earliest onset of anti-romosozumab antibodies was 3 months after first dosing. The majority of antibody responses were transient. The presence of anti-romosozumab binding antibodies decreased romosozumab exposure by up to 25% . No impact on the efficacy of romosozumab was observed in the presence of antiromosozumab antibodies. Limited safety data show that the incidence of injection site reactions was numerically higher in female patients with neutralizing antibodies. *Myocardial infarction, stroke and mortality:* In the active-controlled trial of romosozumab for the treatment of severe osteoporosis in postmenopausal women during the 12-month double-blind romosozumab treatment phase, 16 women (0.8%) had myocardial infarction in the romosozumab arm versus 5 women (0.2%) in the alendronate arm and 13 women (0.6%) had stroke in the romosozumab arm versus 7 women (0.3%) in the alendronate arm. These events occurred in patients with and without a history of myocardial infarction or stroke. Cardiovascular death occurred in 17 women (0.8%) in the romosozumab group and 12 (0.6%) women in the alendronate group. The number of women with major adverse cardiac events (MACE = positively adjudicated cardiovascular death, myocardial infarction or stroke) was 41 (2.0%) in the romosozumab group and 22 (1.1%) in the alendronate group, yielding a hazard ratio of 1.87 (95% confidence interval [1.11, 3.14]) for romosozumab compared to alendronate. All-cause death occurred in 30 women (1.5%) in the romosozumab group and 22 (1.1%) women in the alendronate group. In the placebo-controlled trial of romosozumab for the treatment of osteoporosis in postmenopausal women (including women with severe and less severe osteoporosis) during the 12-month double-blind romosozumab treatment phase, there was no difference in positively adjudicated MACE; 30 (0.8%) occurred in the romosozumab group and 29 (0.8%) in the placebo group. All-cause death occurred in 29 women (0.8%) in the romosozumab group and 24 (0.7%) women in the placebo group. Reporting of suspected adverse reactions: Reporting suspected adverse reactions after authorization of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via: **In Belgium**: Federal agency for medicines and health products – Drug Safety Division, Avenue Galilée 5/03, 1210 Brussels. Website: www.afmps.be or www.fagg.be, e-mail: adversedrugreactions@fagg-afmps.be. **In Luxembourg :** Regional center for Drug Safety of Nancy, Bâtiment de Biologie Moléculaire et de Biopathologie (BBB), CHRU de Nancy – Hôpitaux de Brabois, Rue du Morvan, 54 511 VANDOEUVRE LES NANCY CEDEX, Tél : (+33) 3 83 65 60 85 / 87, Fax : (+33) 3 83 65 61 33, E-mail : crpv@chru-nancy.fr ou Health Direction – Pharmacy and Drug Division, Allée Marconi - Villa Louvigny, L-2120 Luxembourg, Tél. : (+352) 2478 5592, Fax : (+352) 2479 5615, E-mail : pharmacovigilance@ms.etat.lu, Link to the form : http://www.sante.public.lu/fr/politique-sante/ministere-sante/direction-sante/div-pharmacie-medicaments/index.html **MARKETING AUTHORIZATION HOLDER** UCB Pharma S.A., Allée de la Recherche/Researchdreef 60, B-1070 Brussels, Belgium. **MARKETING AUTHORIZATION NUMBER(S)** EU/1/19/1411/001, EU/1/19/1411/002, EU/1/19/1411/003, EU/1/19/1411/004. **LEGAL CLASSIFICATION** Subject to medical prescription. **DATE OF TEXT REVISION** 10/2021.

	Public price (incl.6% VAT)
2 pre-filled pen for subcutaneous injection (105mg/1,17ml)	469,58€

Réponse

Ces croutes correspondent à des agglutinations compactes de squames à la base du scalp engainant des touffes de cheveux. Les cheveux ne sont pas « coupés » comme c'est le cas dans la teigne.

Cette description correspond à une **fausse teigne amiantacée** (*pityriasis amiantacea*, *tinea amiantacea*).
Il s'agit d'une dermite du scalp. Le terme « amiantacé » fait référence au fait que les plaques épaisses et bien délimitées, grisâtres ou blanchâtres, parfois brillantes, font penser à de l'amiante. Cette affection peut récidiver et est rarement allopéciante.
Cette dermite survient souvent chez l'enfant ou le jeune adulte, soit isolément, soit dans le décours d'une dermatite comme le psoriasis, la dermatite séborrhéique, l'eczéma ou le lichen plan. On parle alors de forme dite « sèche » (forme d'Alibert).
Il existe également une forme « humide » qui est d'origine infectieuse. Le cuir chevelu est érythémateux et suintant. L'agent causal est souvent un streptocoque ou un staphylocoque. Le traitement est alors celui de l'impétigo.
Le diagnostic peut se confondre avec une « vraie » teigne, tinea capitis (examiner à la lampe de Wood : les dermatophytes apparaissent fluorescents à l'obscurité sous la lampe. Au moindre doute, réaliser un prélèvement).

Dans la situation clinique présentée, il s'agit d'une fausse teigne amiantacée, forme « sèche », apparue de façon isolée.

Le traitement consiste en l'application d'une préparation à base d'acide salicylique 5 % (pour obtenir un décapage des squames) dans un onguent émulsifiant à appliquer la veille du shampoing.
L'acide salicylique est un agent exfolient et possède une action fongicide, bactériostatique et photoprotectrice. Il inhibe la cholestérol-sulfotransférase et provoque une décémentation (= séparation des cornéocytes) à faibles concentrations (de 2 à 6 %). A des concentrations plus importantes (>15 %), il détruit les tissus. Ce produit est contrindiqué en cas d'hypersensibilité aux salicylés, de diabète sucré, de maladie vasculaire périphérique, d'irritation et d'infection de la peau et chez le nourrisson (taux plasmatiques toxiques, voire mortels). Ce produit est irritant pour les muqueuses et les yeux.

Par exemple :
R/ Acide salicylique 2,75 g
Pommade émulsifiante anhydre q.s. ad 55 g

Bibliographie

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2. IA Abdel-Hamid et al. Pityriasis amiantacea : a clinical and etiopathologic study of 85 patients. Int J Dermatol. 2003 ; 42 (4) : 260-264. DOI : 10.1046/j.1365-4362.2003.01755.x