Figure 1. Perianal ulceration, classical of Jacquet erosive dermatitis.

Since birth, he had been unsettled and requiring hourly nappy changes because of loose, frequent bowel motions. He was exclusively breastfed.

Examination revealed symmetrical well-demarcated erythematous perianal erosions, typical of Jacquet erosive dermatitis (JED) (Figure 1). JED is a severe irritant dermatitis caused by prolonged contact with moisture and faecal enzymes. Despite the dramatic appearance, education on nappy use, barrier ointments, +/− a moderate topical steroid typically promote complete healing within weeks. The presented case was complicated by cow milk protein allergy (CMPA), symptoms of which settled with exclusion of dairy from the mother's diet.

The move from re-usable to absorbent disposable nappies had made JED extremely rare and increasingly unfamiliar to the new generation of dermatologists and GPs alike. With the ever-growing culture of 'eco-parents' combined with a surging prevalence of CMPA,[1,2] it is important we don't forget this diagnosis just yet!

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Patient consent

The patient's parent gave consent for the publication of this letter and its image.

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Lymphadenopathy following COVID-19 vaccination: a wake-up call from case reports

Enlargement of axillary, supraclavicular, or cervical lymph nodes following vaccination with COVID-19 mRNA vaccines is more frequent than initially reported, with a rate reaching up to 16% following the second dose of the Moderna mRNA vaccine. Although vaccine-related lymphadenopathy is most often a benign, self-resolving phenomenon, a few cases or B-cell- or T-cell-derived lymphoma were reported in the literature. There are also reports of clinico-pathological features suggestive of lymphoma but which ultimately proved to be caused by a non-malignant condition such as Epstein–Barr infection, extrapulmonary tuberculosis, or histiocytic necrotising lymphadenitis (Kikuchi–Fujimoto disease). So far, these isolated observations did not receive much attention in the medical community as the causal relationship with the vaccine administration was not established. On the other hand, they raise concerns in the lay public, especially among patients with similar experiences.

Although these individual stories do not allow drawing conclusions about a causal relationship between mRNA vaccination and the course of lymphoid malignancies, we may speculate that in occasional cases transformed lymphocytes are stimulated to expand by the strong immunoinflammatory environment elicited in lymph nodes by the mRNA vaccines. Whether or not such hypothesis is confirmed, treating physicians in charge of patients with post-vaccination lymphadenopathy should be reminded to consider in due course the possibility of an underlying or coincidental malignant disorder, as previously recommended in this journal.[1] This is important to prevent detrimental diagnostic delays, unjustified patient's psychological stress, or inadequate treatments.

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