

Images in  
Clinical  
Practice

## “Nipple pacifier” like blister over middle finger

Child aged 3 years was brought to skin OPD for bullous lesions over the right hand since 3 days. Examination revealed painful tense superficial blister covering proximal and distal phalanx of the right middle finger simulating “nipple pacifier” [Figure 1] and bullae over centre of the palm [Figure 2]. Gram



Figure 1: “Nipple pacifier” like blistering of middle finger



Figure 2: Blister over middle finger and bullae over palm

stain of the blister fluid demonstrated Gram-positive cocci in chains. Tzanck smear was negative for any altered keratinocytes. Culture of the blister fluid grew *Streptococci*. A final diagnosis of blistering dactylitis was made and treated with penicillin.

Blistering distal dactylitis (BDD) is a unique manifestation of group A  $\beta$  – haemolytic streptococcal infection involving volar fat pads of the hands and fingers. Commonly affects the age range between 2–16 years. Normally *Streptococci* do not produce blisters, but some feature of thick acral skin is thought to be the contributory factor for this distinctive presentation. There are few cases of BDD also reported due to *Staphylococcus aureus*. This case is reported for its classical clinical image involving the dorsal surface of the digit simulating a “nipple pacifier” and involvement of palmar areas of the hand, which is occasionally seen.

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