

Great Ormond Street
Hospital for Children



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NHS Trust

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Dr. C B Binodh
General Practitioner
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82 Cooden Sea Road
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Bexhill-On-Sea
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Dear Dr. Binodh,

RE: **Bernadett Horvath, DOB 10/01/1996**
218 Cooden Sea Road Cooden Bexhill-On-Sea TN39 4TR

Thank you so much for referring this thirteen-and-a-half-year-old girl who has arrived this year from Hungary with her parents.

Her past medical history is rather complex but I will summarise as best I can.

She was born after a normal pregnancy at term by normal vaginal delivery. Her skin was entirely normal at birth, although she developed neonatal jaundice requiring a week-and-a-half of UV therapy. Her first skin problem started at the age of two-and-a-half months after a vaccination. The next day she developed what looked like a fungal infection in the mouth which eventually settled with Nystatin. However, although her mouth settled she then developed problems with her skin with little spots developing all over her body particularly on the arms and legs. These gradually increased in number over the next several months and she was seen by a Dermatologist who reassured her parents. At around six months of age, the small spots were noted to be getting much larger. At this stage, they were red and smooth. Gradually, she has had an increase in the number of skin lesions and they have become more generalised over her body. She has had a variety of topical steroids over time which have not been helpful but has just increased the number of skin infections and also her parents feel have caused eyelid inflammation. She has also had homeopathy in the past which has also made things worse. She has had treatment at the Dead Sea which her parents felt was slightly helpful. She has not got a history of photosensitivity.

She had a further vaccination at the age of three-and-a-half years and again her skin became much more inflamed in a generalised distribution after this. Her skin continued to worsen through the first five to ten years of life and is now largely stable.

Currently, all her skin is involved. In particular, she has large crusted areas on the limbs, although the trunk remained largely clear at these areas but have areas of erythema and thin skin.

Dr. C B BINODH
"BETEGESHEZTETO"



