INTRODUCTION

Immunization programs are the cornerstone of public health and one of the essential interventions to protect children from life-threatening vaccine-preventable infection. Vaccine is an important cost-effective tool in saving lives, decreasing the mortality, and help in providing strong health to children.[1,2] Although most vaccinations are considered to be relatively safe, untoward medical occurrence can occur with any vaccines, which are highly varied ranging from mild local reactions to serious life-threatening one, usually occur within few hours. Some of these adverse reactions may occur by nonspecific inflammation and irritation at injection site, and some may cause a mild infection due to the live attenuated virus in the vaccines. Serious reactions like anaphylaxis are rare. The local adverse reactions include nonspecific erythema, swelling, pain, and tenderness at the vaccination site. Rare cutaneous reaction such as lichen planus, granuloma annulare, Sweet’s syndrome, erythema multiforme, and hypertrichosis has also been reported.[3-5] Here, we are reporting a case of vaccine-induced localized hypertrichosis in a 2½-month-old healthy infant.

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showed some postinflammatory hyperpigmentation. Rest of the physical examination were normal.

**DISCUSSION**

Hypertrichosis is the term used for the increased hair growth on any part or over the whole body when related to persons of the same age, sex, and race which is independent to androgen excess. Hirsutism is a subclass of hypertrichosis, in which there is an increase of androgen-dependent hair growth. Hypertrichosis may be localized and generalized or alternatively acquired and congenital forms. This can present as an isolated finding or may be associated with other abnormalities. Underlying mechanism is not clear.

The acquired localized hypertrichosis (ALH) has been found to be associated with various factors such as chronic irritation, inflammation and friction, around the edges of a burn, and also with drugs such as topical steroid, minoxidil, and phenytoin.[7,8] It has been reported following varied procedures such as henna tattoos, sclerotherapy, and even subsiding psoriasis.[9-11] A mild form of ALH is usually observed after the plaster cast application. Although the exact mechanism is not known, few authors suggest that increased blood supply at the affected site would provide more oxygen and nutrients, and thus, lengthen the anagen phase of hair cycle resulting in hypertrichosis.[12]

Rarely, ALH has been observed after vaccination including measles and Diphtheria-Pertussis-Tetanus and Bacille Calmette Guerin vaccination.[13,14] In our case, the infant had received his first DPT vaccine which contains three different agents. He initially developed swelling and erythema at the vaccination site which later followed by localized hypertrichosis and postinflammatory hyperpigmentation. This could be due to either the subcutaneous inflammation or the development of an immunological hypersensitivity reaction. A literature search showed that formation of subcutaneous nodule, eczema, and localized hypertrichosis at the site of DPT vaccination had been reported previously.[14]

DPT vaccine is given routinely as per the Universal Immunization Programme schedule, and ALH is a rare but benign side effect of which the dermatologists should be aware of as it resolves spontaneously without any treatment.

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**Conflicts of interest**

There are no conflicts of interest.

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