history, examination findings, and investigations, a diagnosis of midface toddler excoriation syndrome (MiTES) was made. Biopsy for histopathology and genetic testing could not be performed. The child was prescribed emollients and topical steroid–antibiotic combination, and moderate improvement in the clinical appearance was noted.

Dermatitis artefacta and neurotic excoriations were considered as clinical differentials. However, onset since infancy, constant scratching of the central face, and characteristic localization of lesions over mid-face favoured the clinical diagnosis of MiTES. In addition, psychological evaluation of the child and parents was non-contributory. Another important differential is Lesch–Nyhan syndrome, which is characterized by overproduction of uric acid, dystonia, mental retardation, aggressive and impulsive behaviours, and self-mutilating activities.

MiTES is a recently described entity linked to *PRDM12* gene mutation and is clinically characterized by infantile onset excoriations and sequelae of long-term scratching, present over mid-face, with a predilection for the nasal bridge. Bi-allelic mutations in *PRDM12* gene cause hereditary sensory and autonomic neuropathy type VIII (HSAN 8), a congenital pain insensitivity disorder, manifesting as ulceration of the digits, lips, tongue, as well as facial scratching. Since, MiTES is a genetically heterogeneous entity, genes other than *PRDM12* can also be involved. MiTES resembles HSAN 8 clinically and etiologically but lacks ulceration of the acral parts.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the legal guardian has given his consent for images and other clinical information to be reported in the journal. The guardian understands that names and initials will not be published and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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