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Original Research Paper

Dermatology

TOPICAL STEROID INDUCED ECZEMA HERPETICUM IN AN 18 MONTHS TODDLER: A CASE REPORT

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KEYWORDS :

INTRODUCTION:

Eczema herpeticum also referred to as Kaposi varicelliform eruption is a cutaneous viral infection usually caused by Herpes simplex virus-1 but rarely other viruses like coxsackie, vaccinia and other herpesviruses may also cause similar infection for which Kaposi varicelliform eruption is the preferred term. It generally affects patients with underlying skin conditions most commonly atopic dermatitis.

Case Report: An 18 months old otherwise healthy female who was born out of normal vaginal delivery with uneventful perinatal period and no gross developmental delay was brought to the outpatient department with a four days history of progressively increasing crusted erosions predominantly on right periorbital region and a few lesions extending towards nose ,other eyelid and the lips. There were associated complaints of irritability, low grade fever (documented up to 100 degrees fahrenheit), right post auricular neck swellings with and associated discharge from right eye.

Detailed history was obtained which revealed that the parents had been self-medicating the patient with topical application of a combination of clobetasol propionate, miconazole nitrate and neomycin sulphate cream purchased over the counter for an ill-defined mildly itchy non discharging lesion that they had noticed on upper eyelid, since past one week. There was no history of similar lesions in the past or history suggestive of atopic dermatitis or any other dermatosis.

On examination the child was irritable, febrile (100 degrees fahrenheit) with the presence of right post auricular and cervical lymphadenopathy. Associated mild right conjunctival ingestion and discharge were also noted. Dermatological examination revealed the presence of confluent as well discrete erythematous, punched out erosions with necrotic crusting at few places predominantly involving right periorbital region with a few lesions extending towards nose other eyelids and the upper lip (figure 1,2). No similar lesions were present on other parts of the body and rest of systemic examination was also normal.

Figure 1 : Images show confluent as well discrete erythematous, punched out erosions with necrotic crusting at few places predominantly involving right periorbital region with a few lesions extending towards nose other eyelids and the upper lip.

Based on history and clinical evaluation a diagnosis of Eczema herpeticum secondary to very potent topical steroid application was kept and the patient treated with oral acyclovir, topical fusidic acid cream, syrup paracetamol plus ibuprofen combination and bland emollients. Ophthalmological evaluation ruled out any viral infection of the eye and associated conjunctivitis was treated accordingly. The patient responded well to treatment and had an uneventful recovery over next one week. The parents were additionally cautioned about dangers of self-medication.

DISCUSSION:

Eczema herpeticum can occur in any skin condition where skin barrier is impaired, atopic dermatitis being the most common. Other conditions like but not limited to burns, irritant contact dermatitis, inherited acantholytic disorders like Darier disease and Hailey-Hailey disease, Grover's disease, pemphigus spectrum disorders may also be complicated by the same. Eczema herpeticum can affect all ages but is commonly seen in infants and children. Besides these ablative laser procedures, application of drugs like topical 5-fluorouracil [1], topical calcineurin inhibitors like tacrolimus [2] and topical or systemic corticosteroids have been equivocally found to predispose to the condition [3]. Abnormal interferon responses in atopic patients also predispose them to this condition as demonstrated in a study [4]. It is generally localized but may also disseminate depending on the extent of underlying skin condition and may be complicated by superimposed secondary bacterial infection. Diagnosis is mainly clinical and suspicion should be kept in case an apparent secondary infection in background of underlying dermatosis is not responding to routine antimicrobial therapy. Treatment mainly includes oral or intravenous antiviral therapy depending on the severity. Underlying skin condition and secondary infection should be managed as usual and topical steroids may be used in combination cautiously under antiviral cover. Patients and their care givers should be counselled about potential recurrence and prophylactic antiviral therapy may be considered [3].

REFERENCES:

1. Bolognia JL, Schaffer JV and Cerroni L. Human herpesviruses. Textbook of Dermatology. Elsevier. 4th Ed. 2018:1400-21.
2. Kimata H. Kaposi's varicelliform eruption associated with the use of tacrolimus ointment in two neonates. Indian J Dermatol Venereol Leprol 2008;74:262-3.
3. Sterling JC. Viral infections. Rook's Textbook of Dermatology. 9th ed. Oxford: Blackwell Science 2016;25:39-41.
4. Leung DY, Gao PS, Grigoryev DN, et al. Human atopic dermatitis complicated by eczema herpeticum is associated with abnormalities in IFN- response. J Allergy Clin Immunol 2011;127(4):965-73.