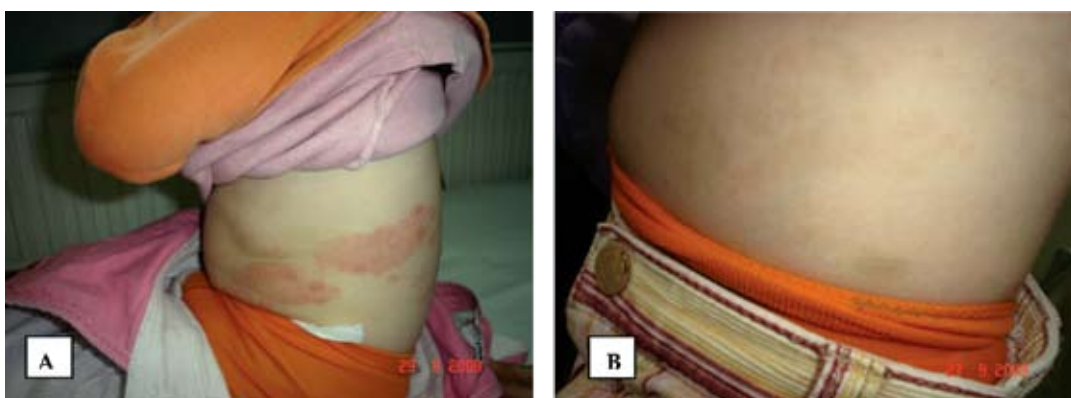


HERPES ZOSTER DURING THE SECOND YEARS OF LIFE

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A 2.4 year old girl was admitted to the Dermatology Clinic with diagnosed acute Urticaria. The examination revealed sharply limited erythema with vesicles arranged in the form of herpes on the skin of the left side of the trunk, along the thoracic dermatome T10 (Figure A). The girl had itching in the affected area, but the itching soon disappeared. The girl's behavior showed that she was not suffering from pain. The mother informed us that the girl had had a cold a week earlier, treated by antibiotic syrup, and when four months old, she had had a few vesicles, immediately after her elder brother and sister had suffered from varicella. On the basis of the history data and clinical findings, Herpes zoster was diagnosed (HZ). Therapy with a vitamin syrup was recommended, to keep the affected area dry, and apply Acyclovir cream. In the course of Acyclovir cream application, the skin changes paled and disappeared, so a pediatrician stopped Acyclovir application and prescribed local therapy with Pasta Zinci Oxydati until the skin changes were completely healed. Specific results found at the first examination were provided afterwards. The results of the ELISA-test for Herpes simplex virus IgM and IgG were negative, while the test for Varicella/Zoster virus (VZV) IgM and IgG were positive (234 IU/ml, i.e. < 1600 IU/ml). Control examination of the girl three months later showed her to be in good general condition, normal physical findings, except a discreet hyperpigmentation at the area of the postzoster changes (Figure B). Herpes zoster (HZ) is an acute skin viral infection that appears as an outcome of VZV reactivation, occurring more frequently in adults even a few decades after they have experienced Varicella infection. In healthy children HZ occurs exceptionally at an early age, where children experienced Varicella infection in the first year of life, or if the mother was infected by HZV in pregnancy and in that way transmitted the virus to the fetus.