

Image TJH-2018-0372

Submitted: 24 October 2018

Accepted: 23 November 2018

Rare Presentation of Herpes Virus Lesions in a Case with Acute Pre-B Lymphoblastic Leukemia

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A 6-year-old girl with the diagnosis of acute pre-B lymphoblastic leukemia had febrile neutropenia and pneumonia after the induction chemotherapy. Though wide spectrum antibiotics were started and then antifungal treatment was added, fever could not be controlled. During this period, a small vesicle resembling herpes labialis developed at the edge of her lip and acyclovir was added. Patient's respiratory distress improved with combined antibacterial and antifungal therapy and saturation increased to normal levels after one week. During this period when the patient was afebrile, 3-5 vesicles were noted on her palm (Figure 1).

Herpes simplex virus (HSV) has two types as HSV-1 and HSV-2 and these viruses are members of herpesviruses. Herpes simplex virus usually can have lesions on different areas of body. Clinical presentations range from asymptomatic infection to mucocutaneous infections such as orolabial, ocular, genital herpes, herpetic whitlow, herpes gladiatorum, eczema herpeticum as well as neonatal herpes, herpetic encephalitis and fatal dissemination [1, 2]. The diagnosis of HSV infection can mostly be done with the clinical appearance of the lesions

and the history of the patient. It mostly produces oral and perioral lesions but it may disseminate systematically and cause secondary bacterial and fungal infections [3]. In children, HSV infections on hand most commonly occurred on the fingers and thumb, called herpetic whitlow. This infection can be secondary to autoinoculation of the virus from a primary oral HSV infection such as gingivostomatitis or inoculation by a different person who bites or sucks on the finger [4,5]. Palmar area is involved less commonly and can be transmitted to others through contact with skin vesicles and also in patient skin to skin. In our patient palmar lesion was transmitted from her labial herpes.

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Declaration of Conflicting Interests The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article



Figure 1. Vesicular lesions located on the hyperemic skin of the palm