PHOTO QUIZ

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A 17-day-old female child was referred for the evaluation of skin lesions on the scalp. She was born with cesarean section due to labor arrest. The lesions had started on the fronto-parietal region as small papules on an erythematous base on the tenth postnatal day and progressed in size and number in a week. A unilateral moderate conjunctivitis accompanied the skin lesions. Topical hydrocortisone acetate 0.5% had been given upon a presumed diagnosis of eczema by a physician five days before admission. The medical family history was not remarkable.

Physical examination of the apparently healthy newborn infant revealed normal vital signs, moderate conjunctivitis of the right eye, and grouped, yellow-crusted papulo-vesicular scalp lesions on an erythematous base (Figure 1 and Figure 2).

We asked the parents a key question regarding possible contact and clinical diagnosis was then established.

What is the most probable diagnosis?

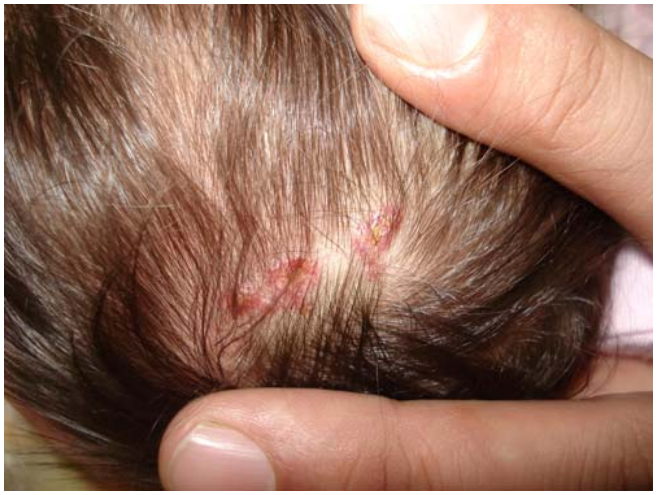

Figure 1: Grouped, yellow-crusted papulo-vesicular lesions on an erythematous base located on the vertex.

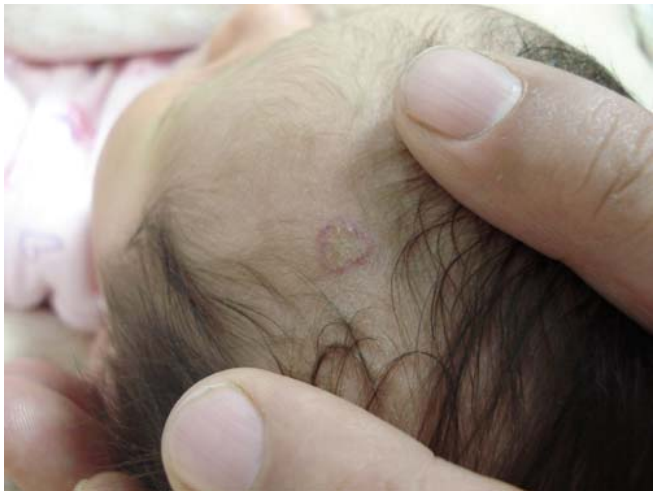

Figure 2: Yellow-crusted papulo-vesicular lesion located on the frontal region..

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ANSWER to PHOTO QUIZ

Neonatal Herpes Simplex Virus Type I Infection Resulting From Paternal Cold Sore

The differential diagnosis of vesicular/pustular lesions in the neonatal period is extensive and the majority of these lesions are noninfectious[1]. However, a crusted yellow papule on the frontoparietal region (Figure 1) and grouped vesicles localized to the scalp (Figure 2) with an associated nonpurulent conjunctivitis in our patient suggested the possibility of neonatal herpes simplex virus (HSV) infection. Tzanck smear from the papulopustular lesion revealed multinucleated giant cells. The diagnosis of HSV type I infection was made by discovering the direct postnatal contact of the father while suffering from a cold sore and by the Tzanck smear findings.

Neonatal HSV disease occurs infrequently and only one-third of these infections are due to HSV type I[2]. There are three clinical categories of neonatal HSV infection: skin/eye/mouth (SEM) disease, central nervous system disease (CNS), and disseminated disease. In our case, the lesions were limited to the skin and eye without visceral or CNS involvement as in one-third of all neonatal herpes cases[3]. Despite the relatively benign clinical picture of the SEM disease, IV acyclovir treatment (60 mg/kg/d in three doses) should be given for 14 days to prevent progression to more severe clinical categories[4].

The lesions of our patient completely resolved within two weeks of parenteral antiviral treatment, which could have been avoided if contamination had been prevented. Recognizing neonatal HSV type I skin lesions quickly might shorten the time period between the appearance of symptoms and the initiation of systemic antiviral treatment, resulting in an excellent outcome.

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