Herpetic Whitlow

A seven-year-old, non-atopic girl presented with a painful eruption over right thumb of two days duration. She had fever, vesicular eruptions over lips and oral cavity, three days prior to the onset. She had a habit of thumb-sucking. Cutaneous examination showed multiple grouped vesicles over dorsa of right thumb and primary herpetic gingivostomatitis (***Fig.* 1**). Tender submental and right epitrochlear lymphadenopathy was present. Other cutaneous and systemic examination was normal. A diagnosis of herpetic whitlow was confirmed by tzanck smear. Patient was started on tablet acyclovir (30mg/kg/day) for seven days with complete resolution.

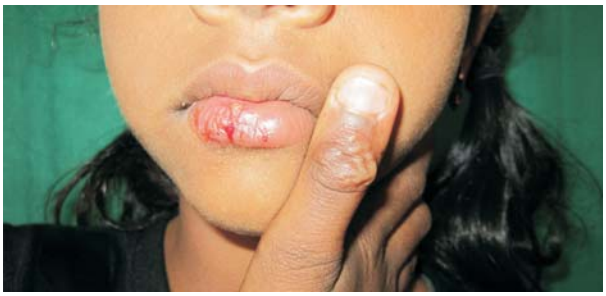

FIG 1. *Grouped vesicles/erosions over lower lip and right thumb.*

Herpetic whitlow refers to herpes simplex virus infection of digits. In children, it commonly occurs from primary herpetic gingivostomatitis due to auto-inoculation from finger/thumb sucking or nail biting. Fingers (thumb), palms and wrists are involved in decreasing order of frequency. Fever, constitutional symptoms, painful erythematous swelling with vesicles/pustules appears over infected site. Painful regional lymphadenopathy/lymphangitis may be present. Spontaneous resolution may occur in 18-20 days. Differential diagnosis for primary herpetic gingivostomatitis includes streptococcal infections, aphthous stomatitis, herpangina, diphtheria, erythema multiforme and Stevens-Johnson syndrome. Herpetic whitlow needs to be differentiated from bacterial paronychia, felon, blistering distal dactylitis, bullous impetigo and other staphylococcal pyodermas. Complications include local hypoesthesia, and secondary ocular and genital disease. Systemic acyclovir may be used and counseling must be done to avoid thumb-sucking for preventing recurrences

SAMBASIVIAH CHIDAMBARA MURTHY AND SHRICHARITH SHETTY
Department of Dermatology and Venereology, Government Medical College and Hospitals(VIMS), Bellary- 583104, India.
chidumurthy@rediffmail.com

Piebaldism

A seven year old male child was brought to us for fever and was diagnosed to have *Plasmodium vivax* malaria with anemia and thrombocytopenia. On general examination, he had a white forelock and depigmented patches over the knees and a unique heart shaped depigmented patch over the abdomen. (***Fig.*1**) There were islands of normal skin in the depigmented areas. Family history revealed that the paternal grandfather and three aunts of the patient had similar features suggesting piebaldism.

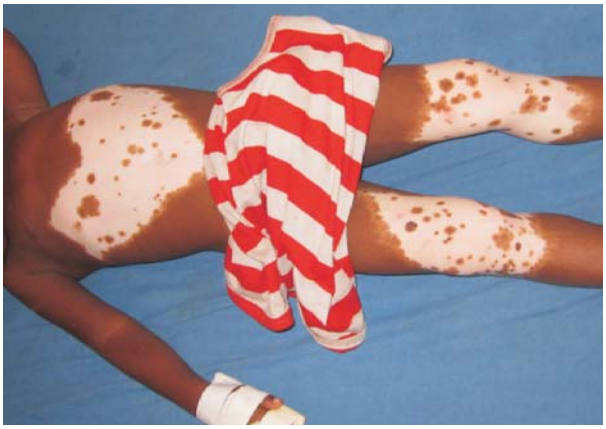

FIG. 1 *White forelock and depigmented patches over the knees and the heart shaped depigmented patch over the abdomen.*

Piebaldism is inherited as an autosomal dominant condition and is also known as partial albinism. The distribution of the depigmented patches seen in our patient