Neonatal Varicella

A preterm SGA male baby presented with erythematous rash on face on day 6 of life. The rash assumed vesicular form on red base next day and spread over trunk and limbs (*Fig. 1*). Baby also had marked respiratory distress and convulsion. He was not maintaining saturation and required ventilatory support. Mother of the baby also had a similar eruption one day prior to delivery, which was clinically characteristic of varicella. Considering history and clinical presentation, a diagnosis of neonatal varicella was considered and the baby was put on acyclovir and supportive therapy to which he responded and recovered.

FIG. 1 *Newborn with varicella rash.*

Varicella in neonates presents as congenital or neonatal varicella. Congenital varicella occurs if mother gets infection in first trimester and the offspring presents with multiple anomalies. Neonatal varicella has two presentations. In a mother getting infection within 5 days before to 2 days after delivery, there is no time for transfer of varicella-associated antibody to the baby thus baby has severe infection. In second group mother has infection at least 5 days before delivery. Here adequate antibodies are transferred and the infection is less severe. Our case had severe infection as the mother presented with rash only one day prior to delivery. We are presenting this child to share the characteristic lesions.

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Chevron Nail

An 18-month-old girl presented with a history of ridging of the fingernails of 16 months` duration. Examination revealed ridges, as oblique lines pointing centrally to produce a V-shaped appearance, affecting all 10 fingernails (*Fig. 1*), but toenails were unaffected. Hair and teeth development were normal, as was general physical examination. There was no family history of similar abnormalities. A diagnosis of Chevron nails was made.

FIG. 1 *Chevron nail. Note oblique ridges meeting in the midline.*