

## Brownie-nose: Hyperpigmentation in Neonatal Chikungunya

A neonate born to a mother with fever for a week prior to delivery was admitted with respiratory distress, and was treated with intravenous antibiotics for suspected sepsis. He developed marked hyperpigmentation over the face (**Fig. 1**) associated with worsening thrombocytopenia during the first week of life. This classical hyperpigmentation (brownie-nose appearance) suggested the possibility of neonatal chikungunya, which was confirmed by positive IgM antibodies to chikungunya in both the mother and baby. The platelet count gradually normalized and baby was discharged on day 10 of life.

Vertical transmission of Chikungunya, though rare, is well described with the maximum risk if the mother is viremic at delivery. Neonatal chikungunya is manifested by neurological, dermatological, ocular, renal and hematological involvement. Maculopapular and vesicobullous rash, and striking hyperpigmentation are the common dermatological manifestations. Differential diagnoses include congenital lupus, drug rash (eg. imipenem), and bacterial (*Listeria*, *S. epidermidis*), fungal (*Candida*) and viral (human herpes virus 6, enterovirus) infections.



**FIG. 1** Brownie nose appearance in neonatal chikungunya.

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## Kerion

A 5-year-old otherwise healthy boy presented to us with lesions over scalp, for 1 month. He had been treated with various systemic antibiotics and topical corticosteroids without any response. Cutaneous examination revealed a large mildly tender erythematous boggy swelling, associated with overlying crust (**Fig. 1**) and loss of hair over occipital area, extending towards the temporal region and post-auricular area of right side. There was seropurulent discharge from few lesions. Nails and mucosae were normal. A KOH preparation made from the lesion showed fungal hyphae and the culture for bacterial growth showed growth of *Staphylococcus*. A diagnosis of Kerion was made and the patient was given prednisolon 1mg/kg/d



**FIG. 1** Large erythematous boggy swelling associated with overlying crust (1a) and the healed lesion after treatment (1b).