Differential diagnosis of purple glove syndrome includes cellulitis, necrotizing fasciitis and fluid extravasation. There was no discharge, bullous formation or tenderness, thereby ruling out cellulitis and necrotizing fasciitis. Intravenous fluid extravasation induces gradual edema with or without erythema.

Herpetic Gingivostomatitis

A 6-year-old girl was brought to our hospital with swelling of lower lip, along with blackish discoloration; the upper lip and the gingiva were also involved. The lower lip was swollen along with areas of erosion, crusting and necrosis (Fig. 1). The parents revealed that the lesion started as small vesicles in her lips and gingiva couple of days ago. The girl complained of burning sensation, tingling and difficulty in swallowing along with foul breath. On examination, there were few tiny vesicles grouped on an erythematous base; the major part of lips was swollen and covered with blackish necrotic crusts and erosions (Fig. 1). The tongue, tonsils and posterior pharynx were not involved. The rest of the skin, mucosa and systemic examination were non-contributory, except for cervical lymphadenopathy. Tzanck smear examination from an intact vesicle showed multinucleate, epidermal giant cells.

A diagnosis of herpetic gingivostomatitis was made, and she was prescribed oral acyclovir, paracetamol and topical anaesthetic gel. The symptoms subsided and her lips and gum were almost normal after 7 days (Fig. 2).

Herpetic gingivostomatitis, caused by HSV-1, develops particularly in children and young adults. The major differentials are drug induced mucositis (history of exposure to offending drug), Stevens-Johnson syndrome (exposure to offending drug, target lesions), streptococcal infection, aphthous stomatitis (canker sores) and Diphtheria (involvement of tonsillar pillars; pseudo membrane). Tzanck smear findings and the remarkable response to acyclovir confirmed the diagnosis of Herpetic gingivostomatitis in our case.