

Hemorrhagic Varicella in a Newborn

A 21-day-old girl was brought to us with hemorrhagic skin lesions (*Fig. 1,2*), epistaxis, melena and hepatomegaly. Her mother developed varicella 4 days prior to delivery. The Baby was asymptomatic till 10th day of life when she developed vesicular skin eruptions which progressed to become hemorrhagic. The baby was kept in isolation and treated with intravenous acyclovir 10 mg/kg/day thrice a day for 14 days along with ampicillin and cloxacillin. The coagulation profile, liver function tests and chest X-ray were normal. The baby was discharged on 30th day of life.

Peri-partum infection of fetus before sufficient maternal antibodies has crossed the placenta (<5 days or >2 days of delivery) results in severe varicella. Progressive varicella syndrome is a dreaded complication in neonates, immuno-compromised and pregnant women. It presents with continued development of multiple hemorrhagic lesions and complications like coagulopathy, hepatitis, pneumonitis and encephalitis.

M APARAJITHA, B VIJAYALAKSHMI AND P BINDU
NRI Medical College,
Vijayawada, Andhra Pradesh,
India.
dr.aparajitha@gmail.com



FIG. 1 Hemorrhagic varicella with centrifugal distribution.



FIG. 2 Blisters with hemorrhage and excoriation.