

Febrile Rash and Convalescent Rash of Dengue Fever

A 1-year-old boy infant presented with fever for 3 days. On examination he was febrile and his face, trunk and extremities were erythematous which blanched upon pressure (**Fig. 1**). His platelet count dropped to 83,000 per μL on day 5 of illness. His dengue serology IgM was positive suggestive of primary dengue infection.

A 9-year-old girl presented with fever for 4 days. On day 8 of illness, when her fever subsided, she developed hypotension. Her platelet count dropped to 15000/ml and hematocrit increased to 42.8%. She was resuscitated with fluid boluses. She developed typical dengue rash of convalescence 3 days after defervescence (**Fig. 2**). Her dengue serology IgM and IgG were positive, suggestive of secondary dengue infection.

During the first 24-48 hours of fever, children with dengue fever may develop a transient generalized macular erythematous rash which blanches upon pressure. The convalescent rash of dengue fever appears about 2-3 days after defervescence. It is characterized by generalized confluent petechial rash which does not blanch upon pressure, with multiple small round islets of normal skin. It is otherwise called “white islands in a sea of red”. Some children with this rash may experience generalized pruritus. This rash gradually fades over one week.

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FIG. 1 Febrile rash of dengue which blanches upon pressure.



FIG. 2 Convalescent rash of dengue – “White isles in the sea of red”.

Darier-White Disease

A 6-years-old boy presented with multiple dark, raised lesions all over the body since 1 year (**Fig. 1a**). The disease began with discrete hyperpigmented hyperkeratotic papules over the knee and elbows which later progressed to involve the preauricular region, ear lobe, neck, both flexor and extensor aspect of upper limbs and lower limbs and buttocks (**Fig. 1b**). There was history of photo-

exacerbation of the lesions. The child complained of pruritus and difficulty in sitting due to pain because of multiple hyperkeratotic lesions over the buttocks. There was presence of palmar pits. Oral mucosa and nails were normal. His 4-year-old sibling also presented with similar lesions over the knees and elbows. A clinical diagnosis of Darier-White disease was made. Histopathological examination from punch biopsy of a lesion showed acantholysis along with classical dyskeratosis and hyperkeratosis in the epidermis.