

Varicella complicated by erysipelas in an infant

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A 8-month-old infant presented one week prior to consultation with a febrile flare-up. It started with small red spots on the chest and face, then progressed to the face and legs with the appearance of small blisters that became umbilicated and then evolved into scabs. The patient was given ibuprofen for a fever. 48 hours later, he developed painful swelling and redness in the left lower limb (Fig. 1a). On physical examination, he presented with a fever of 40 degrees, an exanthema with lesions in various stages compatible with the diagnosis of chickenpox, and erythema and edema of the entire left limb extending to the inguinal fold, with no other signs of severity, notably no necrosis, phlyctenes, or purpura (Fig. 1b). Blood tests showed an elevated C-reactive protein level of 300, leukocytosis of 20000, and a normal CPK level. The diagnosis of erysipelas was therefore accepted, and the patient was put on antibiotics with good results.

Varicella is generally considered a benign and self-limited disease in children, manifested by a characteristic rash that has a cephalocaudal evolution, mild systemic symptoms, and a moderate fever. Bacterial superinfection is the most frequent serious complication of varicella virus infection, and chickenpox is a major risk factor for invasive group A streptococcal disease. Several complications secondary to chickenpox have been described, including infection of the skin and subcutaneous fat tissue [1].

Other possible complications of chickenpox include bone and joint infections, Reys' syndrome, pneumonia, cerebellar ataxia, ischemic stroke, acquired protein S deficiency with purpura fulminans, and venous thrombosis, which are most often explained by the use of non-steroidal anti-inflammatory drugs. Consequently, fever and pain associated with chickenpox or herpes



Figure 1: (a) Varicella lesions on limbs; oedematous erythematous patch on left lower limb. (b) Erythematous, edematous placard over the entire left lower limb centered by varicella lesions.

zoster should be treated with paracetamol, not non-steroidal anti-inflammatory drugs [2].

Consent

The examination of the patient was conducted according to the principles of the Declaration of Helsinki.

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