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Clinical Image

Kaposi-Juliusberg Syndrome Due to Zoster-Varicella Virus (VZV) Type Varicella in an Atopic Infant

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11-month-old male infant with a history of atopic dermatitis since the age of 3 months with poor compliance, an antecedent of varicella in the sister a week ago. Admitted to pediatric emergency departments for management of a generalized febrile rash with abrupt onset that started two days earlier. The dermatological examination had objectified a diffuse erythematous plaque surmounted by vesicles, umbilicated by place and some pustules (Figure 1A) predominant at the level of the upper limbs (Figure 1B) as well as an oral thrush during examination of the mucous membranes. In addition, there was no damage to the scalp, no lesions of different ages and no clinically palpable lymphadenopathy. Paraclinical assessment showed only a syndrome inflammatory. We retained a Kaposi Juliusberg syndrome due to VZV on atopic dermatitis. The evolution was good with Aciclovir injectable 500 mg/m2 for 48 hours (Figure 2) with oral relay combined with local care and emollients.

Kaposi-Juliusberg syndrome is a spread of herpes infection, often due to atopic dermatosis, due to a defect in the epidermal barrier and immunity. In the majority of cases, it occurs on mild terrain, with no particular biological profile, apart from an evolutionary flare. VZV is the least frequently incriminated among Herpesviridae [1]. Early diagnosis and management are necessary to prevent the occurrence of serious complications.





Figure 1: Diffuse erythematous plaque surmounted by vesicles and a few pustules (A) predominant in the upper limbs (B).

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Figure 2: Control after 48 hours of aciclovir (A) showing an improvement on the left upper limb the beginning of the scaling of the lesions (B).

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