

Up-Close

A Look at Dermatologic Diagnoses

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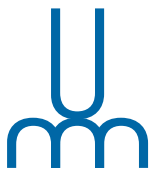


Figure 1. Skin Lesions in Different Stages.



Figure 2. Hemorrhagic Varicella in a Newborn.

Varicella

Differential Diagnosis

Varicella or chickenpox is a viral infection caused by the herpes varicella-zoster virus. Varicella is highly contagious one to two days prior to the onset of skin lesions and five to six days afterwards. More than 90% of cases arise before the age of 14. The virus is spread primarily through respiratory droplets and, to a lesser degree, through vesicular fluids. Systemic signs include fever, malaise, headache and adenopathy. Later in life, the dormant virus may be reactivated as shingles in several dermatomes. Complications, such as viral pneumonia and encephalitis, can develop in older and in immunocompromised patients. Bacterial surinfection commonly occurs with group A streptococci and can contribute to mortality.

Clinical Findings

Varicella is characterized by itchy crops of lesions on the skin and mucosae. At the same time, one may find erythematous maculae at different stages, papules, vesicles (the classic dew drop on a rose), crusts, erosions and eventually scars (Figure 1 & 2). There may be as few as 10 lesions; however, adolescents, adults and people who have had secondary contact with those infected can have hundreds of them.

Treatment

This disease is now preventable through vaccination, which should be universal and given at one year of age along with the measles-mumps-rubella vaccine. If varicella occurs in an adolescent or adult, oral famciclovir 500 mg q8h or valacyclovir 1000 mg q8h for seven days is recommended. A younger child may be treated with acyclovir 20 mg/kg orally, four times daily. All patients should be given IV acyclovir 5-10 mg/kg q8h for seven to 10 days. [CME](#)



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