







VARICELLA ZOSTER VIRUS INFECTIONS

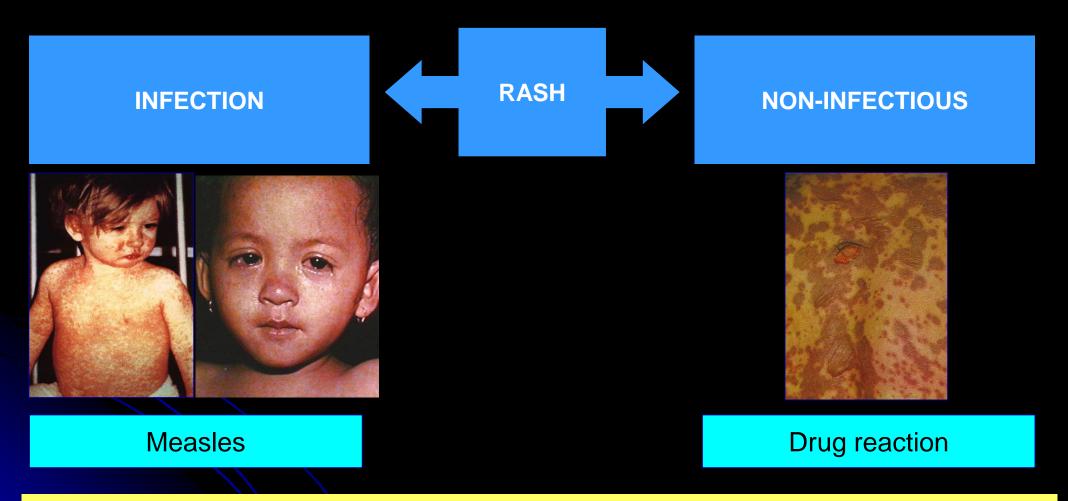
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EXANTHEMATOUS DISEASES



Recognition of infectious rash is very important for the patient, those who have been in contact with the patient, and public health.

IMPORTANT ISSUES IN THE DIAGNOSIS OF INFECTION RELATED EXANTHEMATOUS DISEASES

- 1. Exposure: Have you been in contact with a patient with a rash in the last 1-2 weeks in the history?
- 2. Previous rash disease: Have you been a rash disease in the past?
- 3. Vaccination history
- 4. The presence and features of the prodromal period
- 5. Characteristics of the rash: Onset site, maculopapular or maculopapular...
- 6. Presence of pathognomonic findings
- 7. Diagnostic laboratory tests: Measles IgM and IgG

DISEASES THAT CAUSE MACULOPAPULAR RASH

Measles
Rubella
Scarlet fever
Roseola infantum
Erythema infectiosum



Staphylococcal toxic shock syndrome Typhus

Meningococcemia

Toxoplasmosis

Cytomegalovirus infection

Infectious mononucleosis

Enteroviral infections

Toxic erythema

Drug rashes

Kawasaki disease

DISEASES THAT CAUSE PAPULOVESICULAR RASH

Chickenpox



Smallpox Monkeypox Eczema herpeticum Eczema vaccinatum Coxsackie virus infections Rickettsial pox **Impetigo Insect bite Dermatitis herpetiformis**

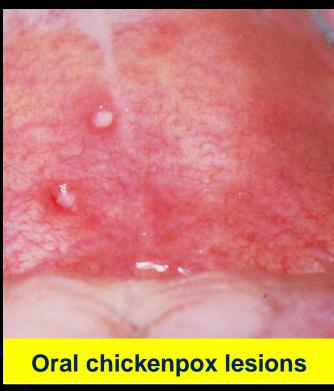
CAUSATIVE AGENT	Varicella-Zoster virus
COMMON AGE	<15 Years
TRANSMISSION	Postnatal infection transmitted by droplet and direct contact. Congenital infection transplasental transmission
INCUBATION PERIOD	10-21 days (average 14-16 days)
PRODROME	Mild fever, malaise, loss of appetite before 24 hours from rash

RASH

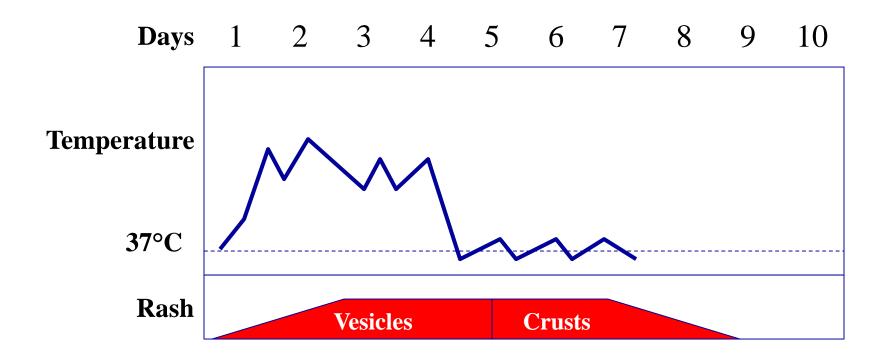
The rash starts from the trunk and face and spreads to the whole body Rash is also seen on the scalp It is in the form of papule, vesicle and crusty lesions Lesions continue to appear for 3 days It form painful lesions in the mouth and genital area

Lesions are itchy
The fever may be high during the exanthematous period.









CHICKENPOX Complications

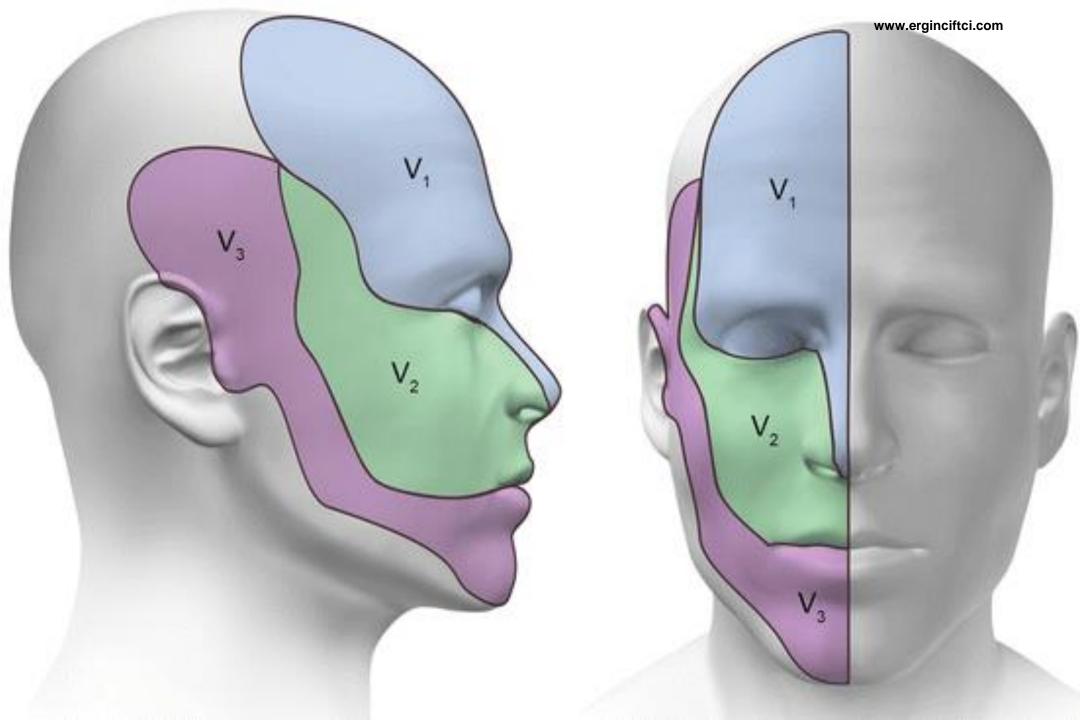
- Secondary skin infections
- Pneumonia
- Hepatitis
- Arthritis
- Thrombocytopenia
- Reye's syndrome
- Encephalitis, meningitis, cerebellar ataxia
- Herpes zoster
- Congenital varicella syndrome



Herpes zoster



Herpes zoster



CASE REPORT

Trigeminal herpes zoster: early recognition and treatment are crucial

Ben Lovell



Herpes Zoster Affecting All Three Divisions of Trigeminal Nerve in an Immunocompetent Male: A Rare Presentation

Kikkeri Narayanasetty Naveen, Addagadde Venkataramana Pradeep¹, Jinka Satyanarayana Arun Kumar², Spandana Prakash Hegde, Varadraj Vasant Pai, Sharatchandra Bhimrao Athanikar

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Figure 1: Multiple grouped vesicles distributed along ophthalmic, maxillary, and mandibular division of Trigeminal nerve

Herpes Zoster Affecting All Three Divisions of Trigeminal Nerve in an Immunocompetent Male: A Rare Presentation

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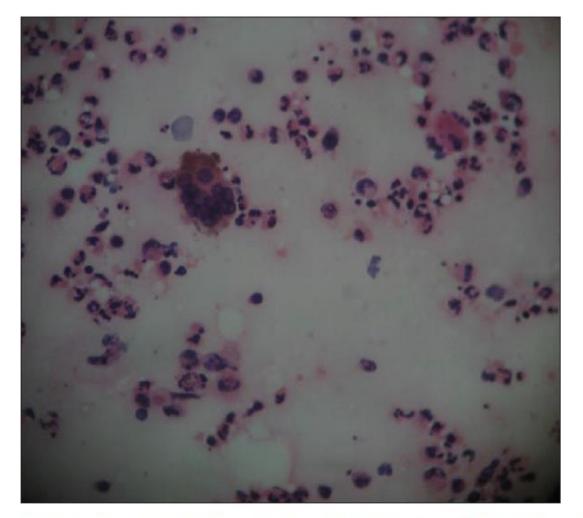


Figure 2: Tzanck smear showing multinucleate giant cell (H and E, ×40)

CHICKENPOX Complications

PREGNANCY PERIOD

The first 20 weeks

The last 20 weeks

5 days before delivery2 days after delivery



Congenital varicella syndrome



Herpes zoster in infancy or childhood



Severe varicella infection in newborn

Depends on mother's chickenpox immunity

Embryopathy risk ≤2%

CHICKENPOX Complications

Skin	Cicatricial lesions, hypopigmentation, bullous lesions
Extremities	Hypoplastic limbs, muscular atrophy/denervation Finger anomaly/absence
Eyes	Chorioretinitis, microphthalmia, anisocoria
CNS	Cortical atrophy, encephalitis, mental retardation, convulsion
GIS	Esophageal dilatation/reflux
Urinary system	Hydronephrosis/hydroureter

CHICKENPOX Complications



Cicatricial scarring



Extremity anomaly

INFECTIOUS PERIOD	Begins 1-2 days before rash Lasts until all the vesicles have crusted
PREVENTION	Active immunization: Varicella vaccine. Live-attenuated vaccine. Single dose is administered at the age of 12 months. 2nd dose can be given at 4-6 years old. After chickenpox exposure, can be given in the first 3-5 days. Passive immunization: Varicella-zoster immune globulin (VZIG) After chickenpox exposure, should be given VZIG within the first 10 days. IVIG 400 mg/kg
TREATMENT	Paracetamol or Ibuprofen (Aspirin is contraindicated! Reye syndrome) Acyclovir ≥13 years old children People who are infected by household transmission Severe clinical illness Chronic skin or lung disease Receiving long-term salicylate therapy Using aerosol steroids Immunodeficiency

EXANTHEMATOUS DISEASESCausative Agent

Measles: It is an RNA virus of the Paramyxoviridea family

Scarlet Fever: Group A beta-hemolytic streptococcus (Streptococcus pyogenes)

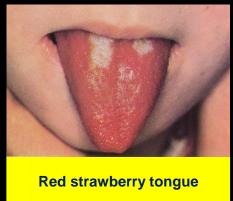
Rubella: It is an RNA virus from the Togaviridae family.

Fifth Disease: Parvovirus B19 (DNA virus)

Sixth Disease: Human Herpesvirus-6 and 7 (DNA virus)

Chickenpox: Varicella-Zoster virüs (DNA virus)











EXANTHEMATOUS DISEASES Incubation Period

Measles: 8-12 days

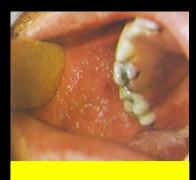
Scarlet Fever: 1-7 days (average 2-4 days)

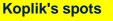
Rubella: 14-21 days.

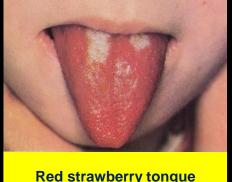
Fifth Disease: 4-28 days (average 16-17 days)

Sixth Disease: 5-15 days (average 10 days).

Chickenpox: 10-21 days (average 14-16 days)









Forchheimer's spots



Nagayama's spots



EXANTHEMATOUS DISEASES Prodrome

Measles: Fever, dry cough, rhinorrhea, conjunctivitis, photophobia, Koplik spots

Scarlet Fever: High fever, sore throat, abdominal pain, vomiting

Rubella: Mild fever, headache, malaise, mild rhinorrea and conjunctivitis without photophobia, Lymphadenopathies may be noticed at least 24 hours before the rash

Retroaricular, suboccipital, and posterior cervical LAP, Forchheimer's spots

Fifth Disease: It is usually mild, mild fever (15-30%), headache, arthralgia, myalgia

Sixth Disease: High fever lasting 3-5 days, irritability, febrile convulsion

Chickenpox: Mild fever, malaise, loss of appetite before 24 hours from rash



Koplik's spots



Photophobia



Conjunctivitis





EXANTHEMATOUS DISEASESRash

Measles: Begins 3 days before rash, lasts up to 4-6 days of rash

Scarlet Fever: Highest during acute infection, it then subsides and lasts for weeks.

With appropriate antibiotic treatment, not contagious after 24 hrs.

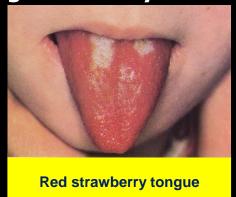
Rubella: Begins 7 days before rash, lasts up to 7 days after the rash appears
The newborns with congenital rubella can spread the virus with nasopharyngeal
secretions and urine for up to 1 year.

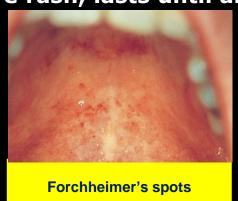
Fifth Disease: Contagious before the rash appears, not contagious after rash begins Patients with aplastic crisis contagious for 1 week

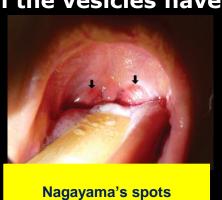
Sixth Disease: Contagious permanently

Chickenpox: Begins 1-2 days before rash, lasts until all the vesicles have crusted











EXANTHEMATOUS DISEASESTreatment

Measles: Vitamin A

Scarlet Fever: Penicillin

Rubella: None

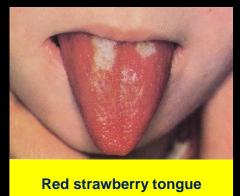
Fifth Disease: None, IVIG in some cases

Sixth Disease: None

Chickenpox: Acyclovir



Koplik's spots









EXANTHEMATOUS DISEASES Vaccine

Measles: MMR vaccine, MMRV vaccine

Protective if given within the first 72 hours after contact

Scarlet Fever: None

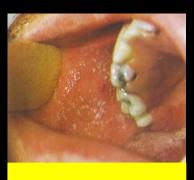
Rubella: MMR vaccine, MMRV vaccine

Fifth Disease: None

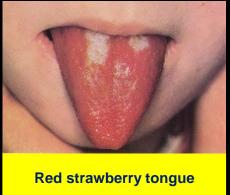
Sixth Disease: None

Chickenpox: Varicella vaccine

After chickenpox exposure, can be given in the first 3-5 days.



Koplik's spots





Forchheimer's spots



Nagayama's spots



EXANTHEMATOUS DISEASESImmunglobulin for Prevention

Measles: Yes. Protective if given within the first 6 days of exposure

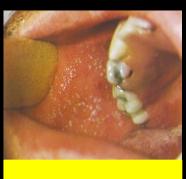
Scarlet Fever: None

Rubella: Yes (Only for pregnants)

Fifth Disease: None Sixth Disease: None

Chickenpox: IVIG, VZIG (For immunocopromised children and adults)

Protective if given within the first 10 days of exposure



Koplik's spots







