

# CHIKUNGUNYA PRESENTING AS A VESICULOBULLOUS RASH IN AN INFANT

- An infant with a 4-day history of fever and a vesiculobullous rash
- The illness began with a fever 4 days prior, which was accompanied by erythema on the face and extremities [Figure 1],
- followed 3 days later by development of small, discrete fluid-filled lesions over the extremities, abdomen, back, and face, all against a backdrop of erythema [Figure 2].
- Initial treatment was sought elsewhere, specific details of which were unknown.
- The infant's father experienced a similar presentation with vesiculobullous lesions, fever, conjunctival congestion, and joint pain following recent rural travel.
- There was no history of drug intake preceding symptom onset.



Figure 1: Clinical photograph (day 1) showing erythema over the left (a) and right (b) lower limbs



Figure 2: Clinical photograph (day 2) showing vesiculobullous eruptions involving right (a) and left (b) lower limbs

- **ON EXAMINATION** - Direct and marginal Nikolsky's sign was negative, no deep dermal tenderness.
- Palms, soles, and mucosae were unaffected.
- History and examination findings helped rule out staphylococcal scalded skin syndrome and drug rash.
- **LABORATORY FINDINGS** -
- leukopenia (2500/mm<sup>3</sup>) and mild thrombocytopenia (148,000/mm<sup>3</sup>).
- A tropical disease panel confirmed chikungunya virus (CHIKV) infection.
- The lesions healed with skin denudation [Figure 3]
- Chikungunya typically manifests as fever, rash, and joint pain.
- Information on CHIKV presentations that are particular to children is scarce.
- Children have been reported to have a higher incidence of asymptomatic infections (upto 40%).

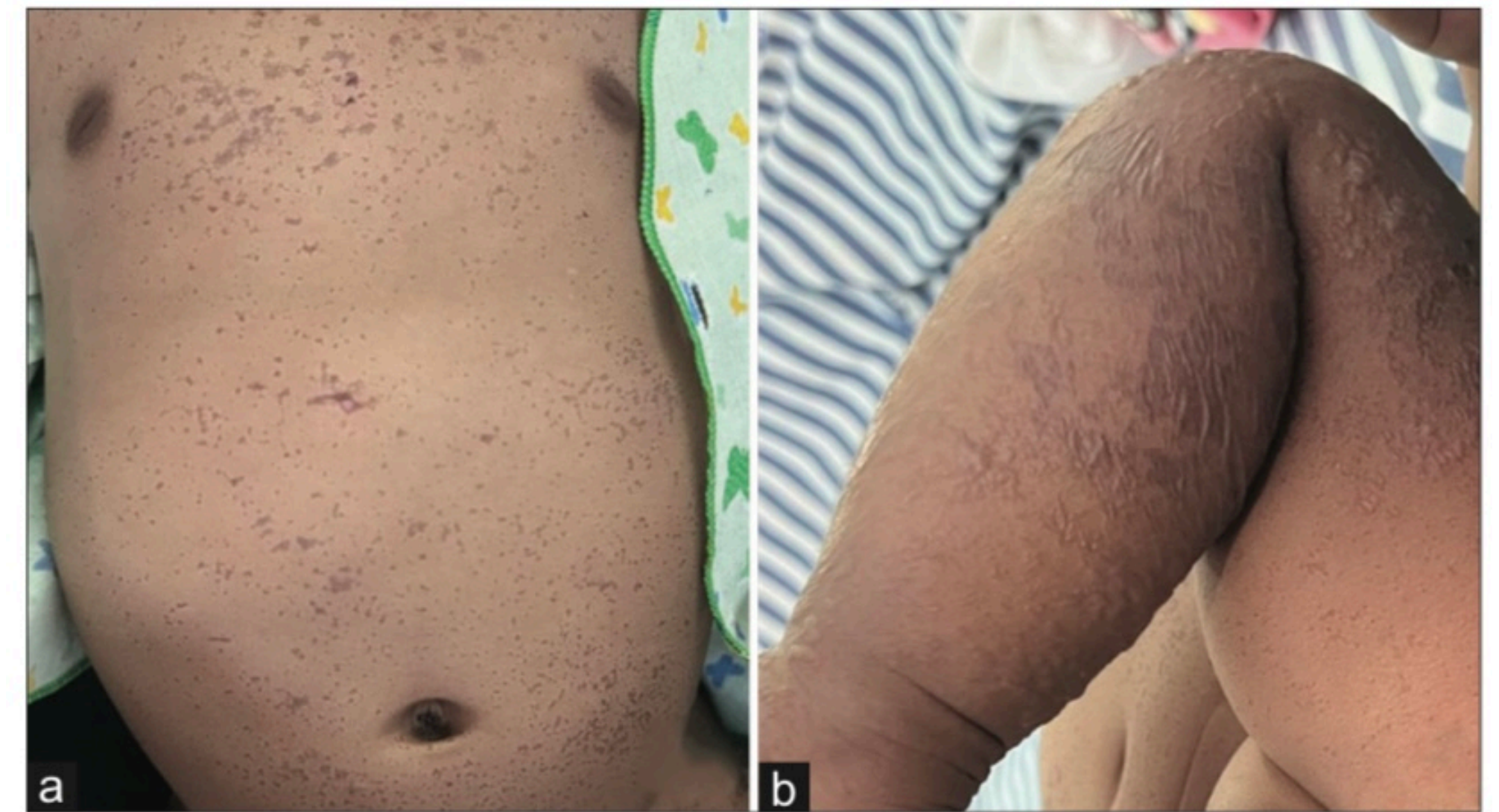


Figure 3: Clinical photograph (day 5) showing resolution of skin lesions in the form of denudation over the torso (a) and flaccid bullae over the left lower limb (b)

- In addition, a wider range of dermatological symptoms , such as pigment alterations and bullous rashes, may be seen in children as compared to adults.
- It is crucial to consider and carry out appropriate workup in children presenting with atypical symptoms.