Neonatal Varicella

A preterm SGA male baby presented with erythematous rash on face on day 6 of life. The rash assumed vesicular form on red base next day and spread over trunk and limbs (***Fig.* 1**). Baby also had marked respiratory distress and convulsion. He was not maintaining saturation and required ventilatory support. Mother of the baby also had a similar eruption one day prior to delivery, which was clinically characteristic of varicella. Considering history and clinical presentation, a diagnosis of neonatal varicella was considered and the baby was put on acyclovir and supportive therapy to which he responded and recovered.

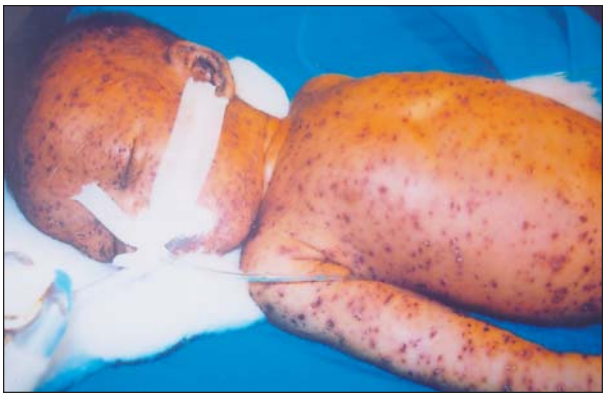

FIG. 1 *Newborn with varicella rash.*

Varicella in neonates presents as congenital or neonatal varicella. Congenital varicella occurs if mother gets infection in first trimester and the offspring presents with multiple anomalies. Neonatal varicella has two presentations. In a mother getting infection within 5 days before to 2 days after delivery, there is no time for transfer of varicella-associated antibody to the baby thus baby has severe infection. In second group mother has infection at least 5 days before delivery. Here adequate antibodies are transferred and the infection is less severe. Our case had severe infection as the mother presented with rash only one day prior to delivery. We are presenting this child to share the characteristic lesions.

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Chevron Nail

An 18-month-old girl presented with a history of ridging of the fingernails of 16 months` duration. Examination revealed ridges, as oblique lines pointing centrally to produce a V-shaped appearance, affecting all 10 fingernails (***Fig.* 1**), but toenails were unaffected. Hair and teeth development were normal, as was general physical examination. There was no family history of similar abnormalities. A diagnosis of Chevron nails was made.

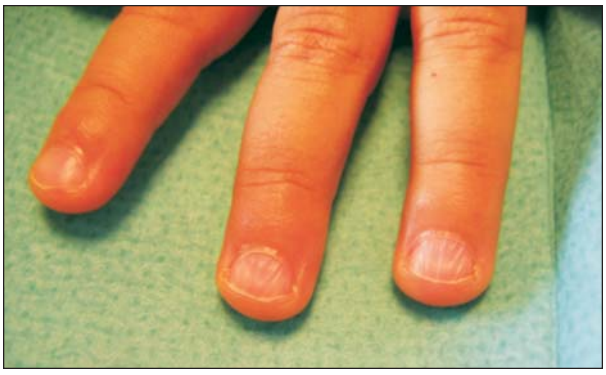

FIG. 1 *Chevron nail. Note oblique ridges meeting in the midline.*

Chevron nails (also known as herringbone nails, oblique marking or V-shaped ridging) are diagonal lines that run in a distal proximal pattern. The feature is best viewed with oblique lighting and usually is subtle. These nail imperfections appear to correct in early adulthood. There is debate as to whether this condition is a pattern of the midline or one with a series of different central axes. It poses interesting questions concerning the interpretation of the patterns and dynamics of nail growth that are not yet resolved. It has no apparent association with atopy or other medical problems. It should be distinguished from the other normal nail variants present since birth. such as, small pits in the nail plate, scattered white spots in normal nail, and Beau`s lines.

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Paraurethral Skene's Duct Cyst in a Newborn

A two-day old female infant was referred with a presumptive diagnosis of "imperforate hymen". On examination, she had a soft, ovoid, interlabial cystic mass (***Fig.* 1**). It was approximately 10 mm in diameter and deviated to the right side of the urethral meatus. A clinical diagnosis of Skene's duct cyst was made. Incision and unroofing of the cyst was performed. No recurrence was observed at follow up visit six months later.

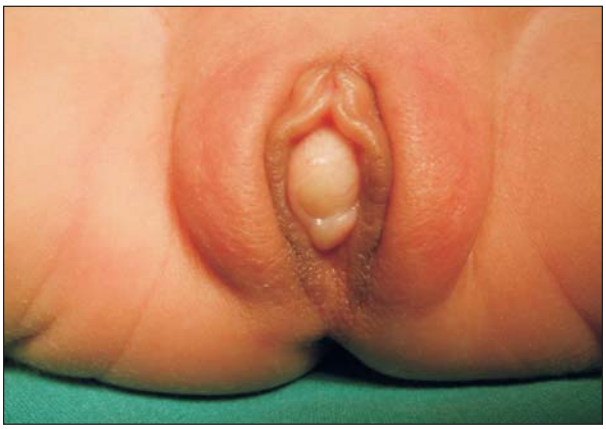

FIG. 1. *Paraurethral cyst as an interlabial cystic mass.*

Skene's ducts are the largest of 30 paraurethral ducts that empty into the female urethra. Occasionally, duct obstruction may lead to a periurethral cyst which presents as an interlabial mass. The differential diagnosis in newborns includes_prolapsed ectopic ureterocele, genital prolapse and imperforate hymen. Among these different conditions, the displacement of the urethral meatus by the mass is a distinguishing feature of a paraurethral cyst. A normal vaginal introitus can be seen below the cyst. Moreover, a paraurethral cyst contains a milky-fluid if aspirated. Treatment options vary from simple observation to surgery.

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