

IMAGE

Childhood Rashes: A Pediatrician's Dilemma

An 8-month-old male infant was brought with complaints of extensive reddish-purple cutaneous lesions over face (**Fig. 1a**), ears and lower limbs (**Fig. 1b**) of three days duration. There was a history of low grade fever and coryza 48-72 hours prior to the appearance of skin lesions. The baby was active, playful and feeding well. The lesions resolved spontaneously over the next two weeks, without any active intervention.

Acute hemorrhagic edema of infancy (AHEI), also called Finkelstein disease or Seidlmayer disease, is a benign and rare cutaneous leukocytoclastic small-vessel vasculitis, characterized by palpable purpura and peripheral acral edema, seen in children aged 4 to 24 months of age. The lesions are non-pruritic, targetoid or annular purpuric plaques or ecchymosis, symmetrically distributed over face, auricles, and extremities with sparing of the trunk and mucosal membranes. Systemic and visceral involvement usually does not occur and the child remains non-toxic. It may be triggered by infection, drugs or immunization. The cutaneous lesions generally disappear spontaneously over 10-14 days and no specific treatment is needed. AHEI closely mimics Henoch-Schönlein purpura (HSP), which is more common in older children aged 3-6 years. Unlike AHEI, children with HSP commonly have



Fig. 1 (a). Symmetrical purpuric plaques on both cheeks and (b) targetoid purpuric lesions on both lower legs in a child with acute hemorrhagic edema of infancy.

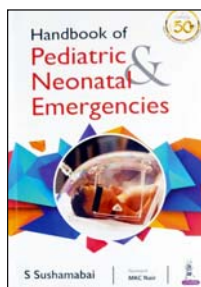
visceral involvement, may have thrombocytopenia, and present with hematuria, acute kidney injury or arthralgia. Other differentials include erythema multiforme, erythema infectiosum, idiopathic thrombocytopenia, meningococemia, Kawasaki disease, COVID-19, urticaria multiforme, Gianotti-Crosti syndrome, and child abuse. Since clinical presentation of AHEI is often acute and dramatic, the condition must be promptly diagnosed to avoid unnecessary investigations or hospitalization, and to reassure parents.

POOJA DEWAN^{1*} AND ARCHANA SINGAL²

Departments of ¹Pediatrics and ²Dermatology,
University College of Medical Sciences, Delhi, India.

*poojadewan@hotmail.com

BOOK REVIEW



Handbook of Pediatric and Neonatal Emergencies

S SUSHAMABAI

Jaypee Brothers Medical Publishers
(P) Ltd.

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With guidelines for having a department of emergency medicine as mandatory in all medical colleges, pediatric emergency medicine as a specialty also needs strengthening. This handbook is a right step to fulfil the need of young learners and practitioners.

The book has 16 sections, carefully segregated with a

system-wise approach. Chapters on common procedures, drug formulary and clinical scoring systems provide extra zest to the book. The chapters are appropriately complemented with relevant pictures and easy comprehensible flow diagrams, making it a ready reckoner. The first section on setting up of a PICU is very useful; supplementing another chapter on designing a pediatric emergency room in future editions will be really helpful in current scenario. Incorporating child abuse, trauma, surgical emergencies, gynecologic emergencies and point of care ultrasound in ER will further add to this beautifully produced book. The book is recommended for all the young pediatricians and neonatologists.

DR PRERNA BATRA

Professor, Department of Pediatrics
UCMS and GTB Hospital, Delhi.
drprernabatra@yahoo.com