Atypical Herpes Zoster

A 12-year-old girl – who was a diagnosed case of connective tissue disorder and was on oral prednisolone (2 mg/Kg/d) and hydroxychloroquine for 6 months – presented with multiple vesiculobullous eruptions over the right hand for 4 days. Eruptions started with tingling sensation and pain. On examination, she had steroid facies, hypertrichosis and hirsutism. Vesicobullous lesions were present on the dermatomal involvement of C8 and T1 (***Fig.* 1**). Investigations revealed normal blood counts erythrocyte sedimentation rate, C-reactive protein, liver function tests and renal function tests. Tzanck smear revealed multinucleated giant cells. A diagnosis of herpes zoster infection was made and patient was started on intravenous acyclovir (10mg/kg every 8 hrly); skin lesions healed within 7 days (***Fig.* 2**).

The diagnosis of herpes zoster is usually based on unilateral pain in a defined area accompanied by a typical rash in the dermatomal distribution of a segmental nerve. Manifestations of herpes zoster in immunocompromised children can be severe and life threatening. Patients with high risk for disseminated disease should receive intravenous acyclovir at 10 mg/kg every 8 hrly. Patients with uncomplicated herpes zoster and low risk for visceral dissemination should be treated with oral acyclovir, famciclovir or valacyclovir.

BIJAY K MEHER, DEEPTI D PRADHAN AND SUBHASMITA PATTANAYAK

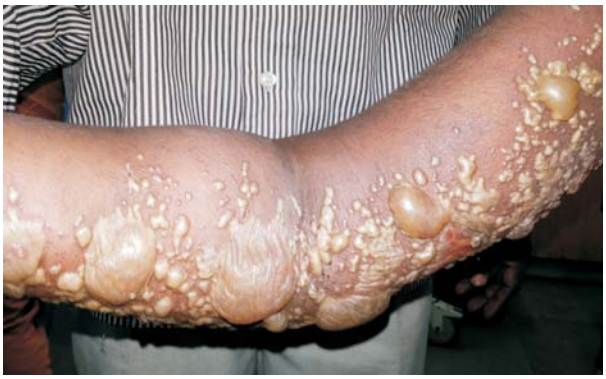

FIG. 1 *Vesiculobullous lesions over C_8 and T_1 dermatone.*

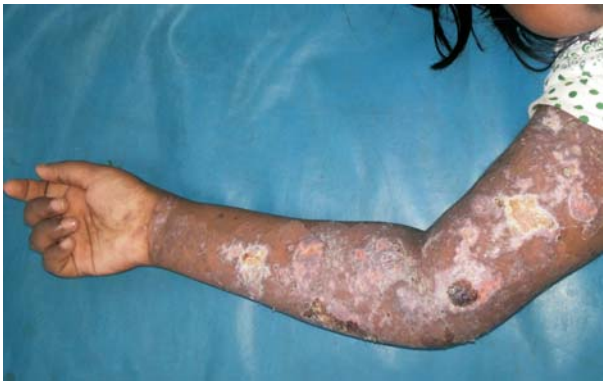

FIG. 2 *Lesions showing healing after 1 week of intravenous acyclovir.*

Department of Pediatrics, Sardar Vallavbhai Patel Post Graduate Institute of Pediatrics, SCB Medical College, Cuttack, Orissa, India.
bkmeher187@yahoo.co.in

Bohn's Nodules

A full term newborn boy, weighing 3 kg, born out of an uncomplicated pregnancy, was brought to us for evaluation of a few small, white and round bumps on the gingival surface. Examination of the oral cavity showed multiple, firm, pearly-white papules measuring 2 to 4 mm in diameter, grouped over the vestibular aspect of the alveolar ridge of the maxillary arch (***Fig.* 1**). Two similar lesions were seen on the mandibular area. These lesions were asymptomatic, non-tender, and fixed to the mucosa. Oral mucosa was otherwise normal. A few milia were noted on his chin. Detailed systemic examination was normal. No specific therapy was prescribed. Within a couple of months, most of the lesions subsided spontaneously. Based on the clinical features and the natural course of the disease, a diagnosis of Bohn's nodule was made.

Bohn's nodules are keratin cysts derived from remnants of odontogenic epithelium over the dental