

Herpes zoster ophthalmicus in a healthy child

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DESCRIPTION

A previously healthy 6-year-old male child presented in the emergency department with a 4-day history of painless erythematous-papulomacular rash that started on the left side of the forehead. The lesions became blistered and confluent, spreading to the nasal bridge and upper and lower eyelids sparing the tip of the nose (figure 1A).

Varicella vaccine was given at 1 year age and his mother denied any eruptive disease during pregnancy. PCR and Tzanck test confirmed the clinical suspicion of herpes zoster. Oral acyclovir was given for 14 days with excellent results (figure 1B). No ophthalmological complications were present during convalescence time.



Figure 1 Herpes zoster involving the ophthalmic branch of the left trigeminal nerve (A). Resolution 20 days after treatment (B).

Herpes zoster ophthalmicus in children is uncommon and is only barely described in the literature especially in immunosuppressed children.¹ Nasociliary branch involvement known as Hutchinson's sign is considered a prognostic sign of sight-threatening ocular complications and is clinically manifested by the skin involvement of the tip of the nose.²

Learning points

- ▶ Varicella zoster is very rare in healthy children.
- ▶ Its presentation is less severe and usually with less sequela than in adults.
- ▶ Nasociliary branch involvement is known as Hutchinson's sign as is recognised when the tip of the nose is affected.

Contributors CGT was part of the active treatment and follow-up of the patient. He wrote the manuscript in its totality. MM was active editor of the manuscript and literature review.

Competing interests None.

Patient consent Obtained.

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REFERENCES

- 1 Tucker SM. Herpes zoster ophthalmicus in children. *Arch Dis Child* 1958;33:437–9.
- 2 Zaal MJ, Völker-Dieben HJ, D'Amaro J. Prognostic value of Hutchinson's sign in acute herpes zoster ophthalmicus. *Graefes Arch Clin Exp Ophthalmol* 2003;241:187–91.

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