Parvovirus and 'weepy red' axillae

Ignatius Losa

Department of Paediatrics,
Macclesfield District Hospital,
Macclesfield, UK

Correspondence to

Dr Ignatius Losa,
ignatius.loso@nhs.net

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DESCRIPTION

A 10-year-old boy presented with 10 days history of upper respiratory tract infection, generalised aches, rash and 2 days history of fever. There was no history of recent foreign travel or infectious contacts.

On examination, he had generalised erythematous maculopapular and petechial lesions (figure 1). There was no conjunctivitis or mucosal changes or enlargement of lymph glands or liver or spleen. There were no palatal petechiae.

A couple of days after presentation, the erythematous macular lesions in the axillae had become more florid and with bleeding areas (figures 2 and 3). The rashes were not typical of the commonly known 'glove and stocking' distribution of parvovirus.

The white blood cell and platelets counts were low but recovered back to normal after 2 weeks.

The viral serology was positive and confirmed acute infection with parvovirus and antibody to B19 DNA was detected by PCR (15 603 835 copies/mL (log=8.19)).

No biopsy was undertaken and he clinically fully recovered and has remained well.

Figure 1 Trunk of child showing generalised rash.

Figure 2 Left axilla showing haemorrhagic lesions.

Figure 3 Close up of haemorrhagic lesions in right axilla.

Parvovirus infection is an acute viral exanthem with parvovirus B19 and is transmitted via respiratory tract droplets. The incubation period is 13–18 days. The most commonly described rashes are slapped cheek in appearance, and also generalised maculopapular enanthem and the 'glove and stocking'¹ distribution are commonly described. There have been very few reports of petechiae or purpuric rashes.²

Haemorrhagic lesions are rarely reported.³

Other possible causes of haemorrhagic skin lesions include other viral enanthes, meningococcal disease, infectious mononucleosis, Kawasaki's disease, thrombocytopenic purpura and bone marrow defects.

Haemorrhagic exudation is an unusual presentation of parvovirus skin manifestation.

Learning points

- ▶ Parvovirus is a common childhood infectious illness. It can present with generalised exanthema. It can result in transient marrow aplasia.
- ▶ Parvovirus infection can mimic Kawasaki's disease or streptococcal infection.
- ▶ This report highlights the need for parvovirus to be considered in the differential diagnosis of acute haemorrhagic lesions associated with fevers.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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