IMAGES IN DERMATOLOGY

Pediatric herpes zoster

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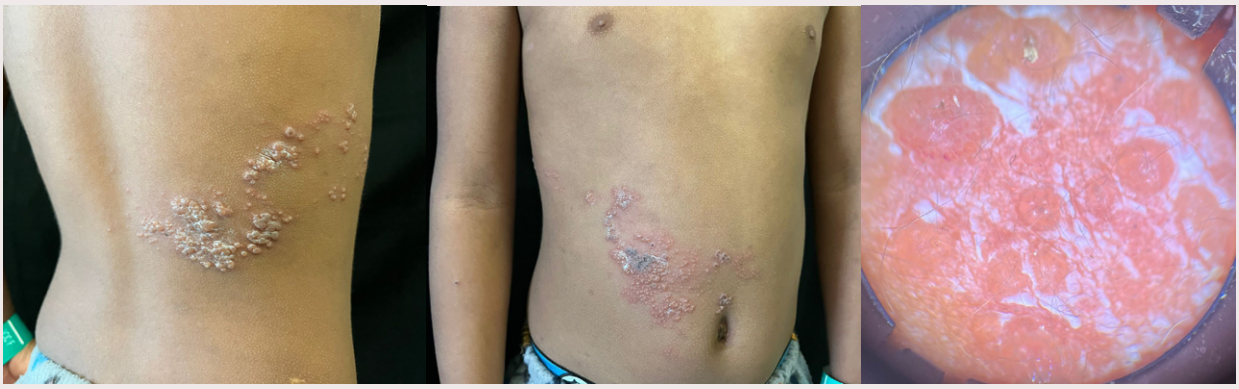

Patient male, 6 years old, with a medical history of varicella at 1 year old, and a complete vaccination schedule, according to the caregiver. He presents to the emergency department with skin lesions on the posterior thorax and abdomen that cause pain and itching. He reports no other accompanying symptoms, with a two-day evolution, and no apparent cause, and has not received any treatment. A skin condition characterized by vesicles on an erythematous base is evident, with some excoriated lesions, which follow the T9 and T10 dermatomes, accompanied by pruritus and pain. Treatment was initiated with intravenous acyclovir, analgesia, and oral antihistamines. Due to good clinical evolution, he was discharged and scheduled for outpatient follow-up.

Herpes zoster is caused by the reactivation of the varicella-zoster virus after a primary infection; however, it is uncommon in pediatrics, with an incidence of 0.47 cases per 1,000 people per year, which increases with age[1]

The main risk factors include immunosuppression and maternal varicella during the second trimester of pregnancy or varicella during the child's first year of life. These two situations do not allow for the formation of a lasting anti-VZV response due to the immaturity of the immune system. Contact with the attenuated virus from the varicella vaccine has also been described as a probable risk factor[2]

While pain is the main complaint in adults, itching, followed by pain, fever, and weakness, are common in children with herpes zoster[3] Currently, in the absence of risk factors for complications, some authors suggest not indicating antiviral treatment for children. Conversely, in the presence of such factors, specific treatment is recommended[4]

INFORMED CONSENT: The authors declare that they have the patient's consent for the disclosure of the images.

[1]*Rius Peris J, Sanz M, Cueto Calvo E, Guardia Nieto L, Torrecilla Cañas J, Sarrión Cano M. Herpes zóster en pediatría. Revisión de la bibliografía a propósito de un caso. Vol. 68, Acta Pediatr Esp. 2010.*
[2]*Gómez Sánchez ME, Pérez García LJ, López Villaescusa MT, de Manueles Marcos F, Martínez Martínez ML. Actualización en herpes zóster infantil. A propósito de 4 casos. Semergen. 2016 Aug 1;42(5)*
[3]*Shang BS, Hung CJJ, Lue KH. Herpes zoster in an immunocompetent child without a history of varicella. Pediatr Rep. 2021 Apr 1;13(2):162–7.*
[4]*Gabriela Torres Ordóñez M, Bastard D, Clara Torre A. Herpes zóster. Actualización y manejo. Vol. 27, Dermatol. Argent. 2021.*

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