



Eczema Herpeticum

Egzama Herpetikum

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A six-month-old male patient was admitted with the complaint of a diffuse rash on the head and neck. It was learned that the patient had been using a topical treatment for three months due to atopic dermatitis, and vesicular lesions had recently appeared and spread. The general condition of the patient was good; he had no fever. Herpetiform lesions, some of which were crusted, were observed on the erythematous floor in the cheek and neck region. Laboratory examinations revealed leukocyte count: 9750/mm³, neutrophil count: 2220/mm³, lymphocyte count: 6550/mm³, eosinophil count: 470/mm³, erythrocyte sedimentation rate: 6 mm/h, CRP: 0.2 mg/L. Oral acyclovir treatment was started in the patient with the diagnosis of eczema herpeticum. Herpes simplex virus (HSV) type 1 IgM and IgG serology of the patient was positive. After ten days of treatment, the patient's herpetic lesions completely regressed. The patient's treatment was continued for atopic dermatitis, which continued intensely in the head and neck.

Eczema herpeticum is a skin infection occurring in those with an underlying eczematous skin disease, usually atopic dermatitis. It is often caused by HSV type 1. It develops with secondary HSV infection in eczematous sicknesses where skin integrity is impaired. It usually presents with a rash of papulovesicular on the skin of the head, neck, and trunk. Although eczema herpeticum begins in areas affected by atopic dermatitis, the lesions can then spread to the whole body within 7-10 days. Until characteristic vesicular lesions appear, it may

be difficult to distinguish the early stages of eczema herpeticum from severe atopic dermatitis or secondary bacterial skin infections. Other skin infections such as contact dermatitis, impetigo, and chickenpox should be considered in the differential diagnosis. With appropriate antiviral therapy, the prognosis is generally good.



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