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Images in Infectious Diseases

Extensive vesiculobullous exanthema following chikungunya fever in a 13-year-old patient

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A 13-year-old girl presented to the emergency department with fever for six days and hyporexia, abdominal pain, and headache. Associated exanthematous lesions on the left upper arm and both lower limbs had appeared three days after fever onset. On physical examination, we noticed numerous purpuric and flattened bullous lesions on the upper arms, resembling extensive burns (**Figure 1A–1C**). She had no other complaints; no history of joint swelling, myalgia, vomiting, or conjunctivitis; and no prior drug history. Blood count, liver, and renal function test results and abdominal ultrasound were normal. Erythrocyte sedimentation rate (55 mm) and C-reactive protein (12 mg/L) levels exceeded the normal range. An immunoglobulin M enzyme-linked immunosorbent assay revealed Chikungunya virus positivity. She received symptomatic supportive treatment, adequate hydration, and rest. Antibiotics were deemed unnecessary. After approximately three days, she was asymptomatic, and the lesions regressed with skin detachment (**Figure 2**).

Chikungunya fever caused by the Chikungunya virus is usually self-limiting. An early-stage rash commonly develops during the first two days of fever, followed by a maculopapular rash with centrifugal distribution. Vesiculobullous lesions in children following Chikungunya fever have been reported previously[1]. Hyperpigmentation, multiple aphthous-like ulcers, ecchymosis, subungual hemorrhage, and generalized erythema may also occur[2]. Differentials, such as autoimmune disorders, drug reactions, and viral and bacterial infections, should be excluded[3]. This case highlights the importance of considering Chikungunya fever as a differential diagnosis while evaluating

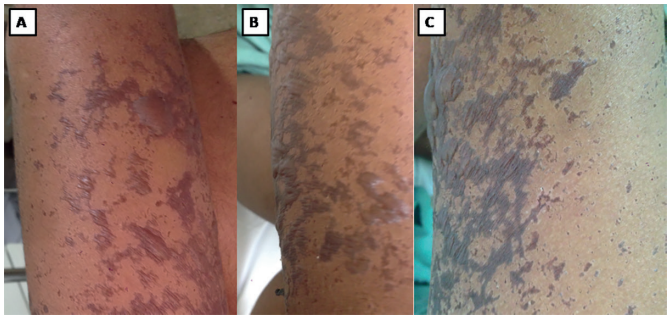

FIGURE 1: Diffused purpuric macules and vesiculobullous lesions in the upper arms.

FIGURE 2: Skin detachment following vesiculobullous eruptions after three days of supportive treatment.

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vesiculobullous lesions in children in new endemic areas where physicians are not fully familiar with this emergent disease.

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Ethics Approval

The study was conducted after ethical approval from the Research Ethics Committee of Hospital São José de Doenças Infecciosas (protocol number 2.405.527).

Conflict of Interest

The authors declare that there is no conflict of interest.

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