A 23 year old woman with a history of uncontrolled atopic dermatitis presented to the emergency department with an acute onset of a painful papulovesicular facial rash that developed 1 week prior to presentation in September 2020. Review of systems was positive for crusting and swelling of both eyes, bilateral cervical lymphadenopathy, and headache. Physical exam demonstrated multiple umbilicated vesicles and pustules with serous crusting (Images A and B). Bilateral ocular exudate was noted without any conjunctival injection. Herpes simplex virus 1 (HSV-1) DNA was detected by polymerase chain reaction. The patient was diagnosed with Kaposi varicelliform eruption and successfully treated with acyclovir.

Kaposi varicelliform eruption, also known as eczema herpeticum, is a cutaneous dissemination of a viral etiology in the setting of certain underlying skin diseases, most commonly atopic dermatitis [1]. This is usually due to HSV-1 but can be complicated by a bacterial superinfection such as Staphylococcus aureus or group A Streptococcus [2].
mostly affects infants and children, but it can present in any age demographic. Individuals present with a monomorphic eruption of umbilicated papules and vesicopustules and associated systemic symptoms such as fever, malaise, and lymphadenopathy [1–3]. Diagnosis can be confirmed with viral cultures, direct fluorescent antibody assays, polymerase chain reaction, and serologic studies [2]. Serologic testing has a limited diagnostic capacity notably in seroconverted patients, as it will not be able to distinguish if the active infection is due to this virus or another etiology [2]. Ocular sequelae including herpes keratitis is a serious complication and should be urgently evaluated by ophthalmology. In infants and young children, this condition is considered a medical emergency as systemic viremia can result in significant morbidity and mortality [2]. The mainstay treatment is with a nucleoside analog antiviral such as acyclovir, valacyclovir, or famciclovir [3]. Intravenous delivery should be considered in neonates, immuno-suppressed patients, and those with severe or systemic complications. Antibiotics are not indicated unless there is any secondary bacterial impetiginization.

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References