

# Cutaneous Viral Infections

# Common Cutaneous Viral Infections

- ❑ Chickenpox
- ❑ Herpes Zoster
- ❑ Herpes Simplex
- ❑ Warts
- ❑ Molluscum Contagiosum
- ❑ Measles

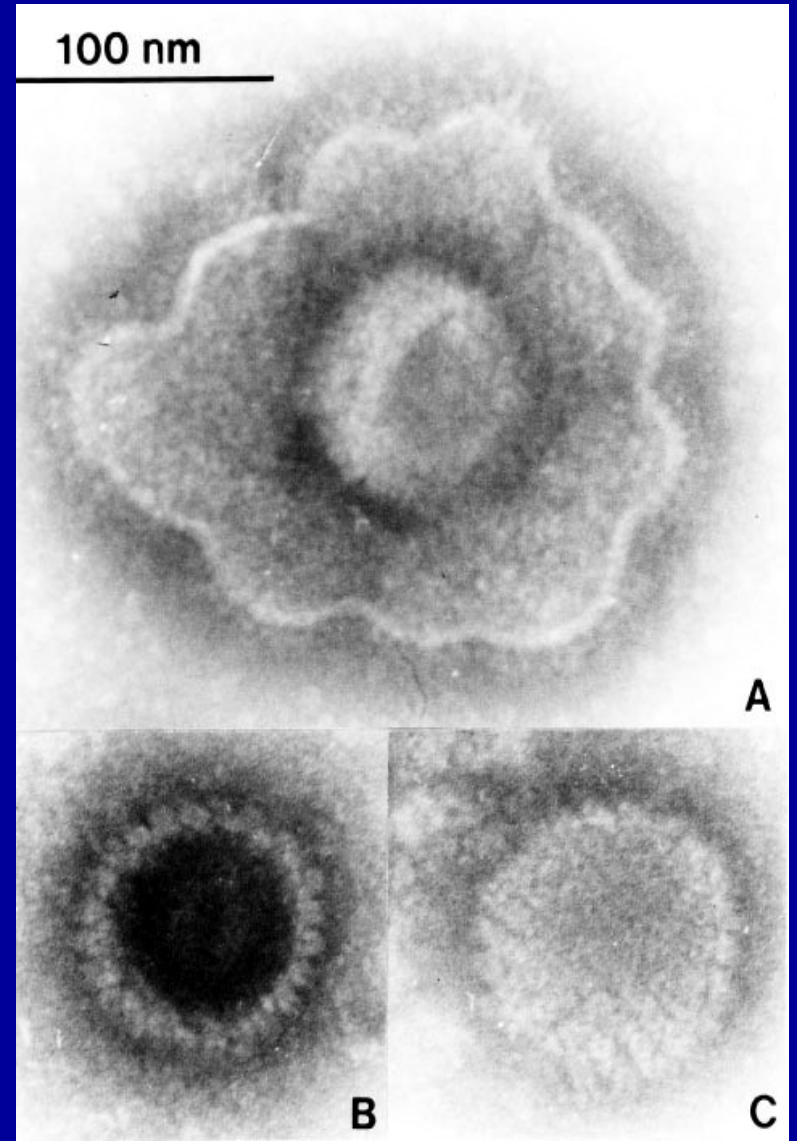
# Chickenpox

➤ Aetiology

➤ Varicella-zoster virus

➤ DNA

➤ Herpesvirus



# Epidemiology

- High prevalence
- Peak Incidence
  - 2-10 years of age
- Highly Infectious
  - 85% attack rate in household contacts



# Clinical Features

## ➤ Incubation Period

➤ 14-17 days

## ➤ Prodrome

➤ 2-3 days preceding eruption

➤ Fever, chills, headache

➤ Uncommon in young children

# Cutaneous Eruption

- Macules turn into **Papules (in hours)**
- **Vesicles on red base (in hours)**
- Pustules on red base (in hours)
- **Crusts (2-4 days)**
- **Pink depressions (in 1-3 weeks)**



# Distribution of Lesions

- Face, Scalp,  
Trunk (Frequent)
- Extremities  
Less
- Eye, Oral  
mucosa etc  
Frequent



# Polymorphism

( *Lesions in all stages at any one site* )





# Associated Symptoms

- Pruritus, moderate to severe
- Fever
  - persists as long as new lesions continue to erupt, may be as high as 105F,

# Complications

- Rare in healthy children
- High Risk
  - Adults & Neonates
  - Immunocompromised

# Treatment

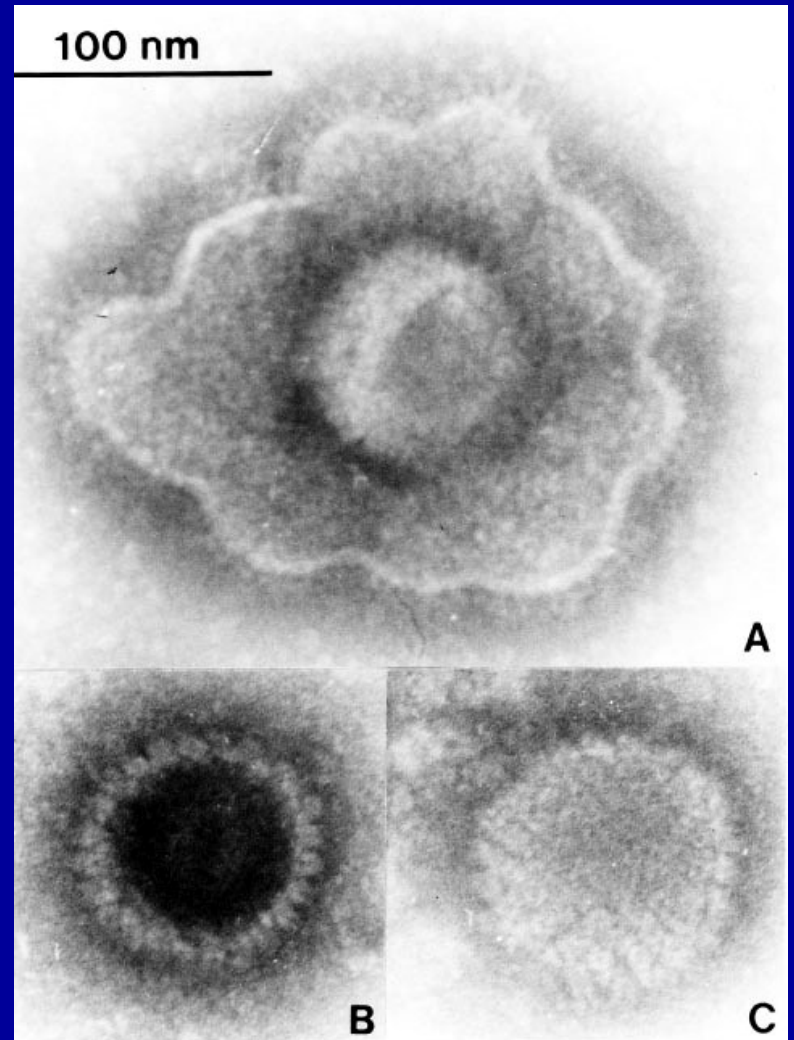
- Healthy children (2-12 years)
  - Symptomatic
  - Rest
  - Topical calamine lotion
  - Antipyretics for fever
  - Antihistamines for pruritus
  - Antibiotics for bacterial infections

# Treatment

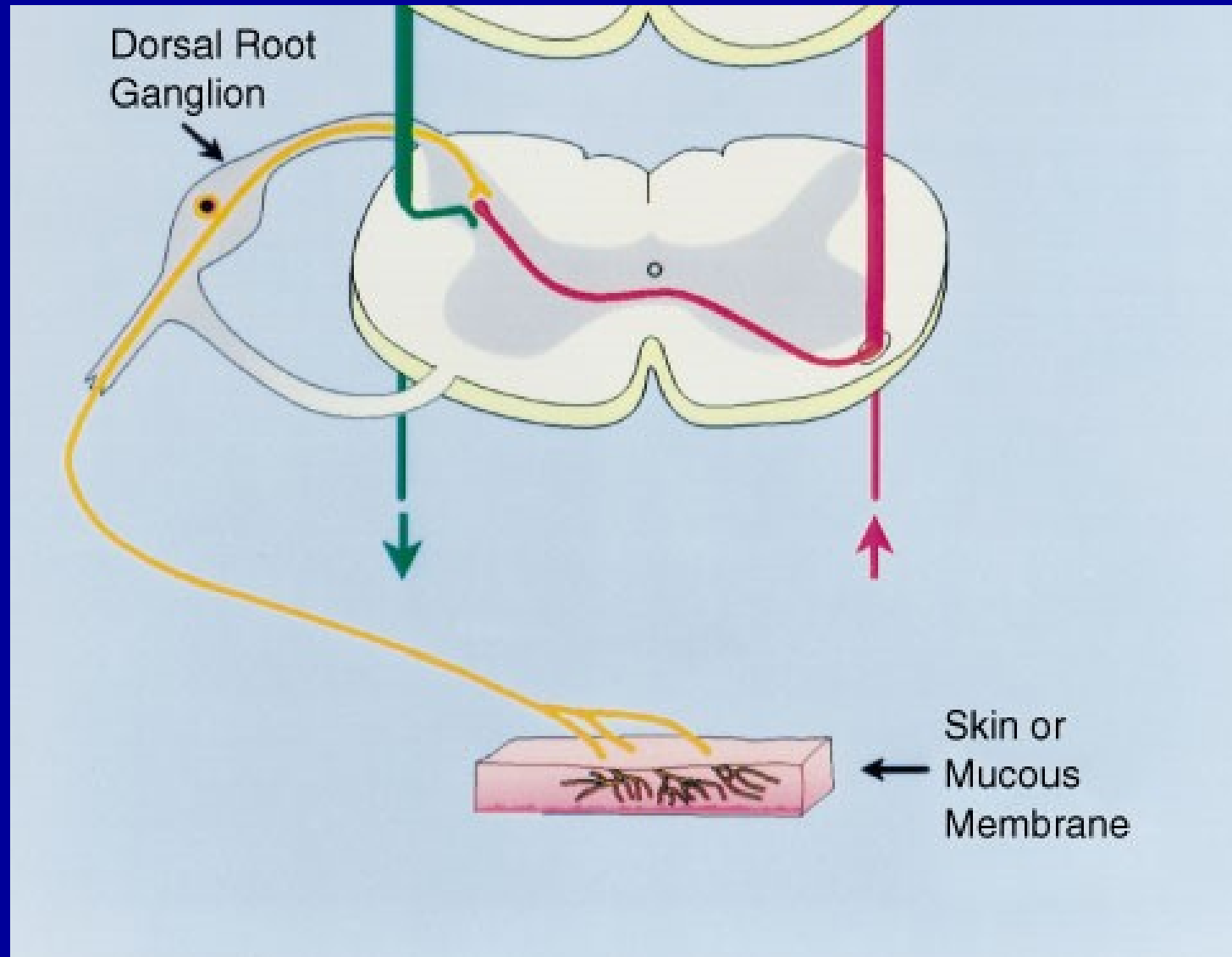
- Adolescents & Adults ( age >13 yrs), immunocompromised & in Pregnancy
  - Systemic antivirals (within 24 hours of rash)
    - Acyclovir-800 mg 5 times daily for 07 days
    - Famciclovir-500 mg 8 hourly for 07 days
    - Valacyclovir-1000 mg 8 hourly for 07 days

# Herpes Zoster

- **Aetiology**
  - Reactivation of latent varicella-zoster virus



# Pathogenesis (HZ)



# Precipitating Factors

- Old Age
- Immunocompromised
- Radiation
- Surgical Trauma

# Prodrome

- Few Days Preceding Eruption
  - Severe Pain (esp.old age) and/or
  - Paresthesia in the involved dermatome
  - Simulates MI, Pleurisy, appendicitis, cholecystitis,ruptured ectopic pregnancy etc.



# Rash

- Vesico-pustules on erythematous base
- Crusts in 7-10 days
- Crusts persists for 2-3 weeks
- May heal with scarring & pigmentary changes



# Characteristics

- **Rash**

- Grouped

- Unilateral

- Dermatomal

- Sites: Any dermatome

- Area supplied by ophthalmic division of Trigeminal nerve

- T3-L2

# Grouped



# Unilateral Dermatomal



# Ophthalmic branch of Trigeminal Nerve ( HZ )



# Complications

- Cutaneous
  - Bacterial infection
  - Gangrene
  - Scarring
  - Cutaneous dissemination

# Superadded bacterial infection



# Keloid-healed HZ





# Complications

- Neurological
  - Post-herpetic neuralgia
  - Peripheral nerve palsy
  - Cranial nerve palsy
  - Sensory loss

# Complications

- **Visceral**
  - Pneumonia
  - **Hepatitis**
  - Arthritis
  - **Gastritis**
  - Cystitis

# Management

- Topical
  - Cool compresses, calamine
  - Steroids- contraindicated
  - Topical antivirals not effective

# Management

- Systemic
  - Systemic Antivirals are used in
    - Age > 50 years
    - Herpes Zoster ophthalmicus
    - Immunocompromised
  - Start within 72 hours

# Management

- Systemic Antivirals are:
  - **Acyclovir**----- 800 mg 05 times a day for 07 days
  - **Famciclovir**----- 500 mg 08 hourly for 07 days
  - **Valciclovir**----- 1000 mg 08 hourly for 07 days
- Start within 72 hours

# Management

- Analgesics
- Tricyclic antidepressants
  - Amitriptyline 25 mg at night
- Anticonvulsants
  - Gabapentine, carbamazepine

# Primary Orofacial HS (Herpetic Gingivostomatitis)

- Age: 1-5 Years
- Morphology
  - Inflammed lips & gums
  - Vesicles, Pustules, Ulcers
  - Buccal mucosa, Palate, Tongue, Gums, Lips



# Recurrent Herpes Simplex

- Sites
  - Mucocutaneous junction of lips
  - Perioral facial areas
- Triggering Factors
  - Fever, Stress etc.





# Management

- If Recurrences are Frequent
  - Oral Acyclovir 400 mg 12 hourly for prolonged period(01 year or so)
- Widespread HS
  - intravenous Acyclovir 10mg/kg 08 hourly

# WARTS

- ✓ Etiology
  - ✓ Papillomavirus
  - ✓ DNA
  - ✓ Infects stratified squamous epithelia
- ✓ Rough Papules & Nodules



# Planters WArts

- Usually painful rough papules & nodules
- Beneath pressure points heel, metatarsal heads



# Management ( Warts)

## ✓ Prophylaxis

- ✓ Good Hygiene

- ✓ Avoid sharing of Towels

- ✓ Cover planter warts with plastic Sheets while using wash rooms & swimming pools

- ✓ Avoid Sexual Encounter (Anogenital Warts)



52:10:46



25 1:42AM

# Molluscum Contagiosum

- Shiny, Pearly-White
- Umbilicated Papule
- 1mm-10mm
- Resolves spontaneously/Post-traumatic



# Molluscum Contagiosum (Management)

- Therapy not necessary in every case
- Only in protracted & complicated cases
- Cautery
- Cryotherapy
- Cidofovir



**THANKYOU**