INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

KAPOSI VARICELLIFORM ERUPTION IN TWO PATIENTS WITH DARIER'S DISEASE

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Background: Darier's disease is an autosomal dominant genodermatosis with disorder of the epidermis and loss of normal cell-to-cell adhesion. Kaposi's varicelliform eruption (KVE) is defined as a widespread herpes simplex virus infection in patients with another underlying dermatosis.

Observation: A 48-year-old man with a history of Darier's disease was referred to our service for an acute and painful eruption on his head and trunk. He reported an important sun exposure five days before the symptoms. Clinical examination showed multiple vesicles and erosions on his face, neck and seborrheic areas of the trunk. Multiple yellow-brown crusted keratotic papules were also seen on his neck and upper limbs. A biopsy of a keratotic papule showed acantholytic dyskeratosis. He was treated with acyclovir intravenously for 8 days with good improvement. Our second case was a 26-year-old woman, followed for a Darier's disease since childhood. She showed up with a 3 days evolving eruption with keratotic papules along with multiple vesicles and crusted lesions on her scalp, face, neck and upper chest. She responded very well to acyclovir (intravenous route).

Key message: Darier's disease is characterized by persistent itchy malodorous skin-colored crusted keratotic papules most commonly in the seborrheic areas. The presence of moderate to severe disease is a factor of developing KVE. This condition begins as a sudden eruption of painful, edematous, often crusted or hemorrhagic vesicles, pustules, or erosions in areas of the preexisting dermatosis. Early onset of treatment avoids life-threatening complications. The most effective prevention strategy may be proper management of the underlying Darier disease essentially based on avoiding exacerbating factors such as heat, perspiration, ultraviolet A and B exposure, and mechanical trauma.