



NAIL DISORDERS

## HERPETIC WHITLOW IN HALLUX: A CASE REPORT

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Background: Herpes simplex virus (HSV) type 1 or type 2 infection usually affects the oral and genital region, it is rare to affect Hallux. Which may occur through direct contact with lesions, nail biting or sucking of the fingers. It follows the case of a patient with herpetic whitlow.

Observation: A 47-year-old woman reports that for three weeks she had lesions affecting left hallux with edema, burning sensation and itching. Clinical examination revealed vesicular lesions on an erythematous surface in nail folds. She had made use of oral and topical antibiotics, antifungal and corticosteroids without improvement. The chances of deshidrosis and herpes were increased, as there was no improvement with the treatment and the appearance of the lesions prevailed the hypothesis of herpes of the nail unit. The diagnosis was confirmed with serologies for herpes with positive result and improvement with antivirals.

Herpes simplex is caused by infection with HSV type 1 or 2. The herpetic primoinfection occurs by exogenous or autogenous inoculation through the damaged skin, the inoculation period is from 3 to 10 days, being contagious up to 7 days after the vesicles cure. The clinical picture consists of burning pain, erythema, vesicles, paronychia and subungual hematoma, usually affecting one nail. It is a self-limiting infection, with a cure in 2-3 weeks. The diagnosis is usually confirmed by cytodiagnosis of Tzanck, culture or immunofluorescence. Treatment may be topical, systemic in severe cases and suppressive treatment in recurrent cases. Large vesicles can be opened to relieve discomfort and to avoid the risk of permanent dystrophy.

Key message: Herpes simplex disease in hallux is uncommon, but the diagnostic hypothesis must be raised, because of the impact on the patients' quality of life caused by the pain disproportionate to the lesions they present.

