



PAEDIATRIC DERMATOLOGY

CLINICAL PROFILE OF CHIKUNGUNYA IN CHILDREN PRESENTING AT A TERTIARY CARE CHILDREN HOSPITAL IN SOUTH INDIA

Sahana Srinivas⁽¹⁾ - Sandipan Dhar⁽²⁾ - Basavaraj Gv⁽³⁾ - Naveen Benakappa⁽⁴⁾

Indira Gandhi Institute Of Child Health, Department Of Pediatric Dermatology, Bangalore, India⁽¹⁾ - Institute Of Child Health, Department Of Pediatric Dermatology, Kolkata, India⁽²⁾ - Indira Gandhi Institute Of Child Health, Department Of Pediatrics, Bangalore, India⁽³⁾ - Indira Gandhi Institute Of Child Health, Department Of Pediatrics, Bangalore, India⁽⁴⁾

Introduction: Chikungunya fever is a benign, self limiting, acute viral illness transmitted by the bite of *Aedes aegypti* mosquito. It is characterized by fever, mucocutaneous rash and arthralgia. It is rarely fatal. There has been several outbreaks in different parts of India and recently has re-emerged has a major public health problem of global scale. It is seen in all age groups. There are only few studies to objectively evaluate the clinical manifestations of chikungunya infection in children.

Objective: To describe the cutaneous manifestation of chikungunya infection in children presenting at a tertiary care children hospital.

Materials and methods: The authors performed a retrospective review of all clinical records of children less than 18 years diagnosed with chikungunya infection according to case definition presenting to pediatric dermatology department at our institute of child health over a period of 44 months from January 2015 to August 2018. All the demographic and clinical details along with laboratory investigations were included on a predesigned proforma

Results: A total of 37 children, diagnosed with chikungunya infection presented with cutaneous features during the study period. Age of onset ranged between 10 days to 6 years. 54% were boys and 45.9% were girls. Freckle like hyperpigmentation (21, 59.4%) was the most common morphological feature followed by linear and reticulate purpuric macules (15, 40.5%) which was seen more in infants. Vesiculobullous lesions were seen in 16.2% children and flagellate hyperpigmentation in 5.4%. One child had congenital ulcers, nodules with dystrophic calcification. Site of hyperpigmentation included cheek, nose and extremities. Purpuric macules, vesicles were seen on trunk, groin and lower limbs. One child has toxic epidermolysis like presentation. 19% children had seizures. All children were serologically positive.

Conclusion: Cutaneous manifestations of chikungunya in children are varied.





Hyperpigmentation, purpuric macules and vesicles are the most common presentation in children.

