



PAEDIATRIC DERMATOLOGY

CUTANEOUS NEONATAL HERPES SIMPLEX VIRUS INFECTION WITH ATYPICAL SKIN LESIONS

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Background: Neonatal herpes simplex virus (HSV) infection is rare, but associated with severe morbidity and mortality. Neonatal HSV may be acquired during intrauterine, peripartum, or postpartum. The most common neonatal HSV acquired during peripartum and postpartum with vesicular eruption as cutaneous typical sign. Intrauterine neonatal HSV is the rarest form of neonatal HSV, with a variable spectrum of cutaneous presentation. The variability in cutaneous disease is thought to be one of the main factors contributing to under recognition of intrauterine neonatal HSV. Although patients can present with the typically recognized vesicular lesions, cutaneous lesions in intrauterine neonatal HSV may also present as erosions, ulcerations, scar formation, necrotic papules, or aplasia cutis congenita-like lesions. It is important to differentiate HSV from other neonatal skin lesions.

Observation: A female newborn, born at 38 weeks of life by cesarean delivery, from a perinatally asymptomatic mother. Birth weight 2950 g. Shortly after birth, she presented with necrotic papules, atrophic scar, ulcerations, cutis aplasia and erosive lesions detected in the face, neck, trunk, upper and lower limb. Other physical examination was normal. Serological investigations revealed HSV2 IgG and IgM positivity in the mother's blood and HSV2 IgG positivity in the daughter's sample. The symptoms resolved shortly after treatment with intravenous acyclovir. The baby most likely received virus and maternal antibody intrauterine through placenta in the last period of pregnancy. No history of maternal HSV infection.

Key message: Cutaneous neonatal HSV, especially the rarest intrauterine neonatal HSV, can give atypical appearance such as ulceration, atrophic scar, and aplasia cutis congenita-like lesions, with the absence of typical herpetic vesicles.

