

PAEDIATRIC DERMATOLOGY

EFFECTS OF IVIG AND ACYCLOVIR IN PREVENTING NEONATAL VARICELLA: A CASE REPORT

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Background: Neonatal varicella is an infectious disease, mostly caused from maternal varicella. The disease can cause variable presentation, ranging from mild symptoms to varicella pneumonia, hepatitis, or meningoencephalitis in disseminated disease, or worst, fatal outcome. Maternal varicella in the period of 4 – 5 days antepartum to 2 days postpartum can make the mortality rate of the baby reach 20%.

Observation: We reported a case of neonatal varicella, which the patient's mother developed maculopapular rash at her trunk 1 day after giving birth, with history of a family member living in the same house diagnosed with herpes zoster for an unknown onset. Another family member clinically resembled varicella few weeks prior, and the rash disappeared before the patient's birth. On the patient's third day of life, discrete vesicular rash on erythematous background with discrete erythematous maculopapular rash were found at his trunk, arms, and legs. The patient received intravenous immunoglobulin (IVIG) for prophylaxis, because there was no varicella-zoster immunoglobulin (VZIG) available in the hospital, and later, intravenous acyclovir was given for 7 days. The rash appeared after getting acyclovir on the patient's third day of life, and completely resolved on the patient's fifth day of life, without any complications in other systems.

Key message: The combination of IVIG and acyclovir might not effectively prevent neonatal varicella in this case, but the medication could prevent the baby from serious complications and shorten the clinical course.





