



PAEDIATRIC DERMATOLOGY

## HERPETIC GINGIVOSTOMATITIS INDUCED ERYTHEMA MULTIFORME – DRAMATIC RESPONSE TO ORAL ACYCLOVIR IN A 22 MONTHS OLD CHILD

*Samipa Samir Mukherjee*<sup>(1)</sup>

*Cloudnine Hospitals, Pediatric Dermatology And Dermatology, Bengaluru, India*<sup>(1)</sup>

**Background:** Primary herpetic gingivostomatitis is common in pediatric age group caused in most cases by herpes simplex virus type 1. It is usually seen before 6 years of age. While most children may be asymptomatic, diagnosis of children with symptoms is made based on clinical features of erythematous gingiva, mucosal hemorrhages, and clusters of small erupted vesicles throughout the mouth. Herpes associated erythema multiforme (HAEM) is an acute exudative dermatological and mucosal disease caused by the infecting herpes simplex virus. Despite the advancement in the diagnosis, still no single specific treatment modality is available. Supportive treatment, pain management and in severe cases oral immunosuppressants including oral steroids have been used.

**Observation:** A 22months old male child, presented with painful ulceration in the mouth and dusky erythematous, crusted, oozing annular lesions around the mouth, cheek, left arm, left side of the chest and abdomen of 3 days duration. Multiple atypical targetoid lesions were noted on the cheek, chest and arms. It was associated with fever, irritability and reluctance to feeding. Systemic examination was within normal limits. The child was initiated with oral acyclovir at 20mg/kg /dose for 7 days in four divided doses and dilute potassium permanganate compresses thrice daily for the lesions. Resolution was noted on the sixth day of follow up after initiation of therapy.

**Key message:** Oral acyclovir should be considered as a modality of treatment for cases of herpetic gingivostomatitis induced erythema multiforme, if they present within first 72 hours.

