

Case Report

En Bloc Palmar Desquamation in Extensive Chickenpox

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Case

A 25-year-old man presented with fever and rash which progressed to extensive vesicular eruptions all over the body by the 4th day (Figure 1A). On examination, his body surface temperature was 100.2 °F with a heart rate of 94 beats/min and blood pressure of 122/76. He had widespread vesicular eruptions, which were coalescing in parts, covering his trunk, face, and all limbs (Figure 1A). Cardiovascular, respiratory, and abdominal examinations showed no significant findings. The initial investigations revealed a white cell count of 9300/mm³, neutrophils 73%, and lymphocytes 23%. There were no significant acute changes in her renal and liver function tests with creatinine 1.1 mg/dL, alkaline phosphatase 166 U/L, alanine transferase 23 IU/L, and bilirubin 1.1 mg/dL. The C-reactive protein was 65 mg/L (normal 0–5 mg/L). On day 13, the patient had en bloc desquamation of palmar skin (Figure 1B).

Diagnosis and treatment

Given the characteristic dermatological manifestation of



Figure 1: A. Extensive characteristic vesicular eruptions on left forearm; B. En bloc Palmar Desquamation.

More Information

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chickenpox, a serological test for Varicella Zoster Virus (VZV) was performed. Polymerase chain reaction for VZV DNA was positive. Chest X-ray was normal. He was diagnosed with extensive chickenpox or VZV infection. He was treated with intravenous Acyclovir (1000 mg intravenous thrice a day for 10 days) and secondary bacterial infection was prevented using prophylactic antibiotics (1200 mg intravenous thrice a day for 7 days followed by oral amoxicillin/clavulanate 625 mg twice a day for 5 days). Skin desquamation is often reported during the convalescent phase of exanthematous viral infection [1]. However extensive chicken pox with en bloc palmar desquamation is rarely reported.

Consent

Obtained from the patient in line with COPE guidance.

Ethical consideration

Exempted because of anonymous case report.

References

1. Kuijpers TW, Tjia KL, Jager F de, Peters M, Lam J. A boy with chickenpox whose fingers peeled. The Lancet. 1998;351(9118):1782. Available from: [https://doi.org/10.1016/s0140-6736\(98\)04021-5](https://doi.org/10.1016/s0140-6736(98)04021-5)