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A Pediatrician's Guide to Diagnosis and Management

Alain Hovnanian*

Department of Pediatric Dermatology, University of Pennsylvania, USA

DESCRIPTION

Viral rashes are a common occurrence in pediatric patients, often presenting as a visible manifestation of underlying viral infections. These rashes, also known as viral exanthems, are frequently accompanied by systemic symptoms such as fever, malaise, and upper respiratory tract involvement. The recognition and differentiation of viral rashes are essential for appropriate management, as they can mimic other dermatologic or systemic conditions. Among the most common viral rashes in children is measles, caused by the Paramyxovirus. Measles presents with a characteristic maculopapular rash that begins on the face and spreads downward to the trunk and extremities. It is preceded by prodromal symptoms such as high fever, cough, coryza, and conjunctivitis, known collectively as the three Cs. Koplik spots, which appear as tiny white lesions on the buccal mucosa, are pathognomonic for measles and aid in early diagnosis. Rubella, another viral exanthema caused by the Rubella virus, presents similarly with a mild maculopapular rash but is often accompanied by posterior auricular and cervical lymphadenopathy. Erythema infectiosum, commonly referred to as Fifth Disease is caused by Parvovirus B19. This condition presents with a distinctive slapped cheek rash on the face, followed by a lacy, reticular rash on the trunk and limbs. Unlike measles or rubella, Fifth Disease is often asymptomatic or associated with mild systemic symptoms, although it can cause arthralgia in older children and adults. In immunocompromised children or those with haemolytic disorders, Parvovirus B19 can lead to transient aplastic crisis, requiring prompt medical intervention. Another notable viral rash is roseola infantum, caused by Human Herpesvirus-6 or HHV-7. This condition primarily affects infants and toddlers, presenting with high fever lasting 3-5 days, which abruptly resolves as the rash appears. The rash of roseola is characterized by pink, blanching macules and papules that predominantly affect the trunk and spread to the face and extremities. The sudden onset of rash following fever resolution is a key diagnostic clue. Varicella, caused by the Varicella-Zoster Virus, remains a classic example of a viral rash in pediatric populations. Varicella presents with a polymorphic eruption consisting of macules, papules, vesicles, and crusted lesions, often described as a "dew drop on a rose petal." The rash typically begins on the trunk and spreads to the face and extremities. In immunocompromised children, varicella can progress to severe complications, including pneumonia, encephalitis, and disseminated infection, highlighting the importance of vaccination. Hand, foot, and mouth disease, caused by Coxsackievirus A16 or Enterovirus 71, is another common viral exanthema seen in young children. HFMD presents with a vesicular rash on the hands, feet, and oral mucosa, often accompanied by low-grade fever, irritability, and poor feeding. The lesions are painful and can result in difficulty swallowing or walking. While HFMD is generally self-limiting, outbreaks can occur in childcare settings, warranting preventive measures. In addition to these common viral rashes, conditions like infectious mononucleosis caused by Epstein-Barr Virus and rubella can present with nonspecific maculopapular eruptions. EBV-associated rashes are often seen following the administration of antibiotics such as amoxicillin, resulting in a drug-induced morbilliform eruption. Similarly, viral rashes associated with Human Immunodeficiency Virus infection may present atypically and require further evaluation.

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CONFLICT OF INTEREST

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Corresponding author Alain Hovnanian, Department of Pediatric Dermatology, University of Pennsylvania, USA, E-mail: Alain512@gmail.com

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