1° Jornada Nacional de Dermatología Pediátrica
20 noviembre de 2014
Sheraton Buenos Aires Hotel & Convention Center

Conferencia
Módulo 3: Dermatología en la práctica pediátrica
20 de Noviembre de 2014 de 14:30 a 17:00

Exantemas en la infancia y la adolescencia

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Exantemas

- Son erupciones agudas y extensas de la piel, habitualmente de resolución espontanea.
- Abarcan una amplia variedad de lesiones (eritematosas, purpúricas, papulares, vesiculares)
- La diversidad de presentaciones clínicas y la similitud de algunos patrones exantematicos, plantean la necesidad de realizar el diagnostico diferencial.

Exantemas – Diagnostico Diferencial

- Infecciones Virales
- Infecciones Bacterianas
- Erupciones por Drogas
- Enfermedad de Kawasaki

Exantemas - Diagnostico Diferencial

- Infecciones Virales
- Infecciones Bacterianas
- Erupciones por Drogas
- Enfermedad de Kawasaki

Exantemas Virales

5 Clásicos: Sarampión
Rubeola
Eritema infeccioso
Exantema súbito
Varicela

Exantemas virales atípicos: Erupción diferente en apariencia y etiología.

Viral exantems: an update. Dermatologic Therapy, vol 26, 2013, 433-438

Exantemas virales atípicos

- Enfermedad Pie Mano Boca
- Síndrome Gianotti-Crosti
- Pseudoangiomatosis eruptiva
- Exantema laterotoracico unilateral
- Síndrome Pápulo-Purpúrico en “Guante-Calcetín”

Exantemas virales atípicos

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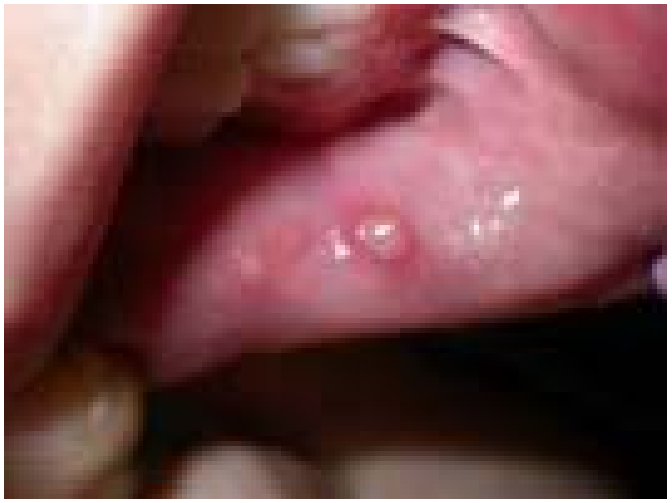
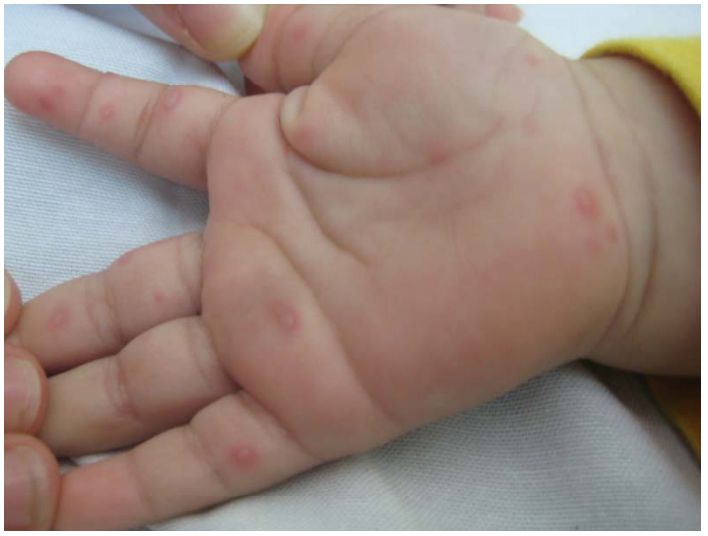
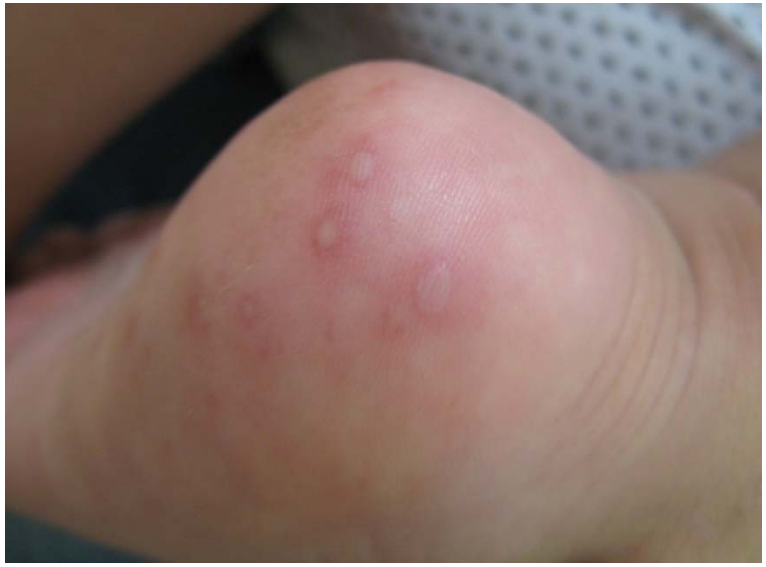
Enfermedad Pie Mano Boca

- Enferm. viral aguda: Coxsackievirus-A16 y Enterovirus Tipo 71.
- Fiebre, erosiones y vesículas intraorales y papulo-vesículas en palmas y plantas.
- Primavera- Otoño
- Menores de 5 años

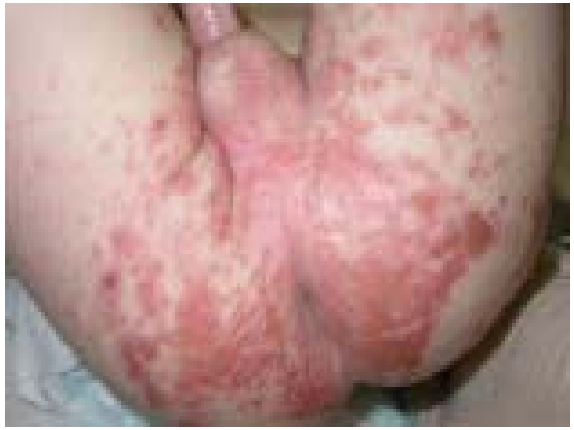
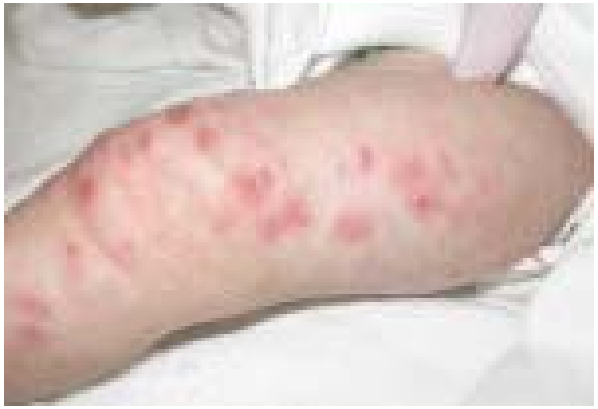
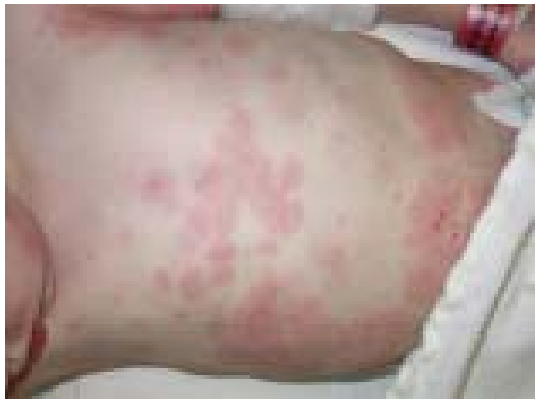
Enfermedad Pie Mano Boca







Enfermedad Pie Mano Boca atípico y Coxsackievirus-A6

Exantema mas extenso y fiebre
Hospitalización mas común…deshidratación y dolor

Dermatologic Therapy, 2013, 23:433-438.
Pidj, 2014,33: 93-97
JAAD 2013;69:736-741
Pediatrics 2013;132:e149

"Eczema Coxsackium" and Unusual Cutaneous Findings in an Enterovirus Outbreak

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KEY WORDS

hand, foot, and mouth disease, coxsackievirus, atopic dermatitis, exanthem

ABBREVIATIONS

AD—atopic dermatitis
BSA—body surface area
CDC—Centers for Disease Control and Prevention
CVA6—coxsackievirus A6
CVA16—coxsackievirus A16
HFMD—hand, foot, and mouth disease
HSV—herpes simplex virus
MRSA—methicillin resistant staphylococcus aureus
MSSA—methicillin senstitive staphylococcus aureus
PCR—polymerase chain reaction
UCSF—University of California, San Francisco

(Continued on last page)

WHAT'S KNOWN ON THIS SUBJECT: Coxsackievirus A6 (CVA6) was identified as an important cause of "severe" hand, foot, and mouth disease (HFMD) during the 2011–2012 outbreak in North America. The atypical cutaneous features in this outbreak have not been well documented.

WHAT THIS STUDY ADDS: The cutaneous manifestations of CVA6-associated HFMD may be more extensive and variable than classic HFMD. Four distinct morphologies characterize this exanthem: (1) widespread vesiculobullous and erosive lesions, (2) "eczema coxsackium," (3) an eruption similar to Gianotti-Crosti, and (4) purpuric lesions.

abstract

OBJECTIVE: To characterize the atypical cutaneous presentations in the coxsackievirus A6 (CVA6)–associated North American enterovirus outbreak of 2011–2012.

METHODS: We performed a retrospective case series of pediatric patients who presented with atypical cases of hand, foot, and mouth disease (HFMD) from July 2011 to June 2012 at 7 academic pediatric dermatology centers. Patients were included if they tested positive for CVA6 or if they met clinical criteria for atypical HFMD (an enanthem or exanthem characteristic of HFMD with unusual morphology or extent of cutaneous findings). We collected demographic, epidemiologic, and clinical data including history of skin conditions, morphology and extent of exanthem, systemic symptoms, and diagnostic test results.

RESULTS: Eighty patients were included in this study (median age 1.5 years, range 4 months–16 years). Seventeen patients were CVA6-positive, and 63 met clinical inclusion criteria. Ninety-nine percent of patients exhibited a vesiculobullous and erosive eruption; 61% of patients had rash involving >10% body surface area. The exanthem had a perioral, extremity, and truncal distribution in addition to involving classic HFMD areas such as palms, soles, and buttocks. In 55% of patients, the eruption was accentuated in areas of eczematous dermatitis, termed "eczema coxsackium." Other morphologies included Gianotti-Crosti–like (37%), petechial/purpuric (17%) eruptions, and delayed onychomadesis and palm and sole desquamation. There were no patients with serious systemic complications.

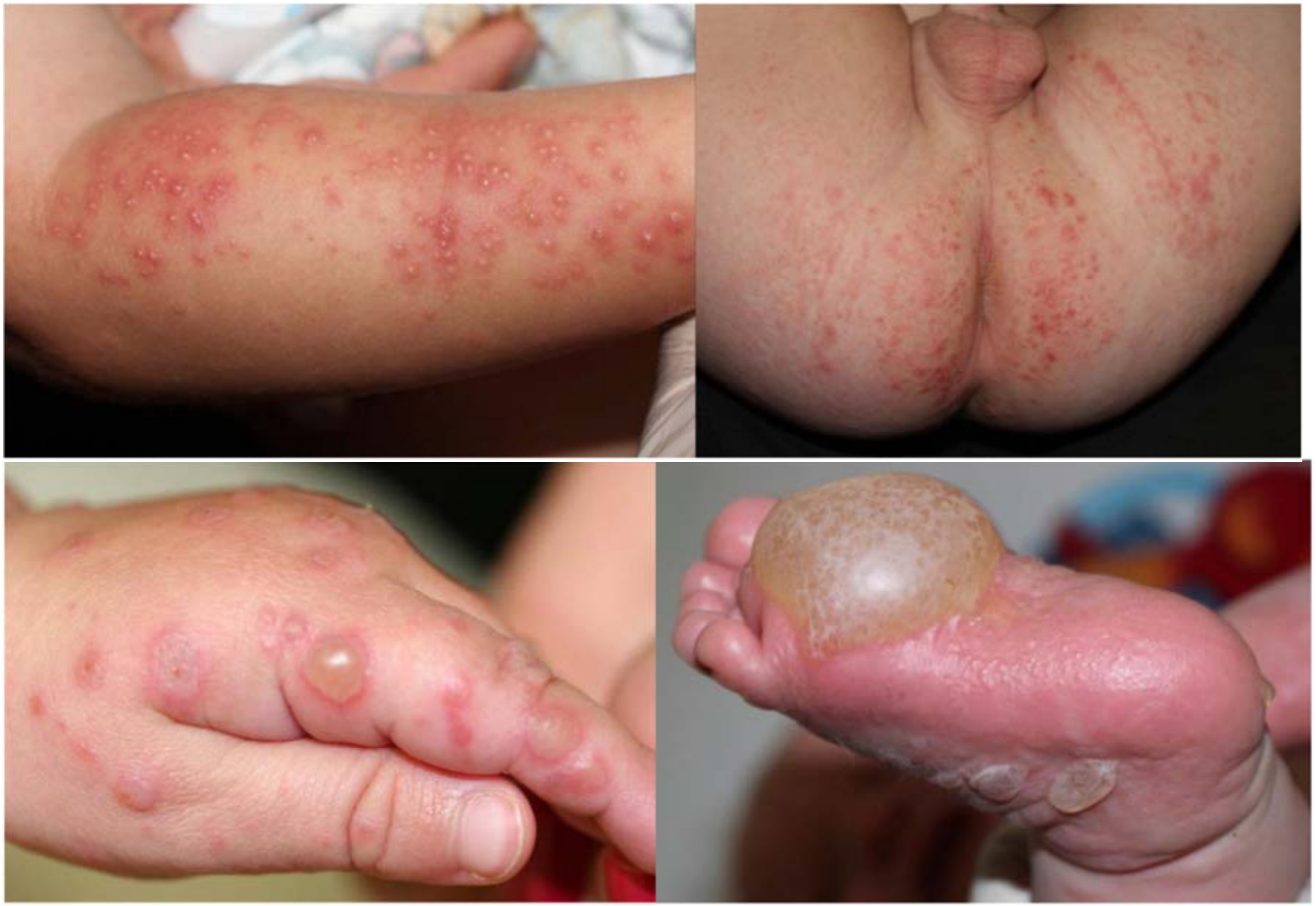
CONCLUSIONS: The CVA6-associated enterovirus outbreak was responsible for an exanthem potentially more widespread, severe, and varied than classic HFMD that could be confused with bullous impetigo, eczema herpeticum, vasculitis, and primary immunobullous disease. *Pediatrics* 2013;132:e149–e157

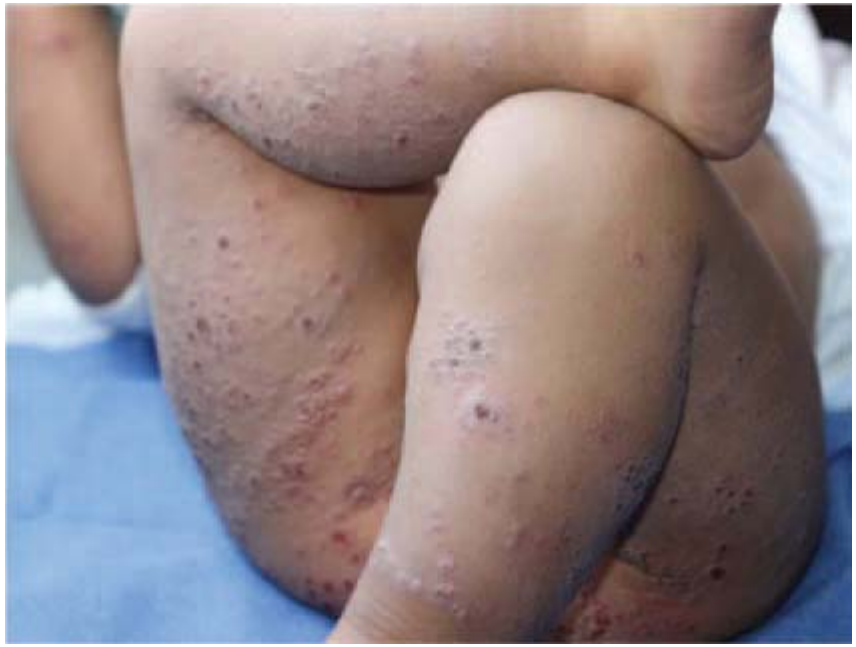
TABLE 4 Clinical Features and Differential Diagnosis of Severe CVA6-Associated HFMD

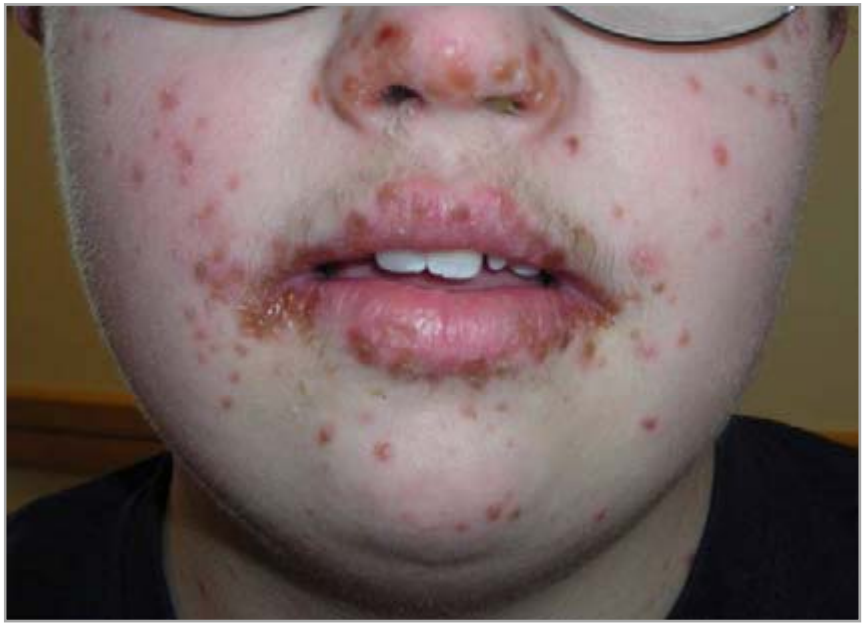
Findings Suggestive of HFMD [a]: 1) Fever, 2) Oral erosions, 3) Mild gastrointestinal symptoms, 4) Oval vesicles on hands and feet, 5) Known sick contacts

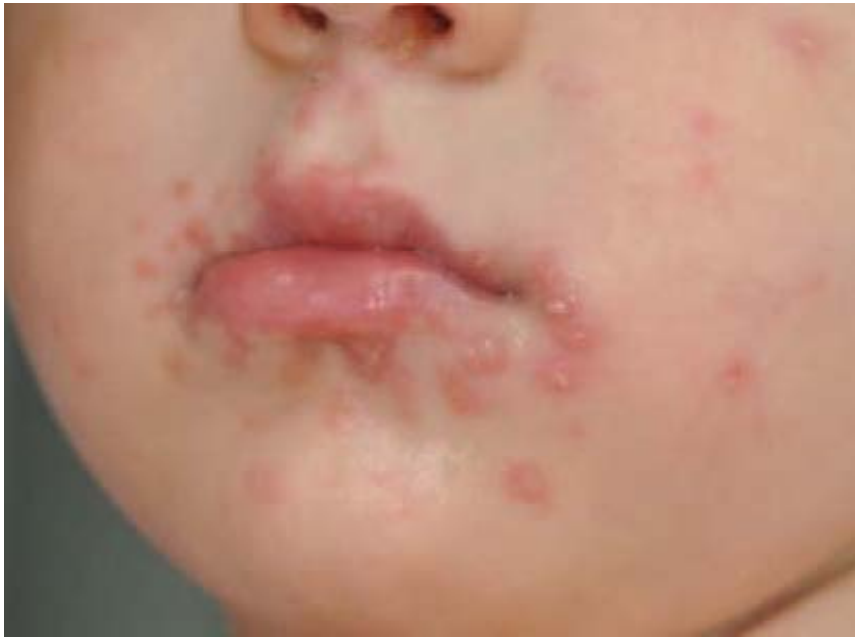
Atypical Cutaneous Morphology		Clinical Differential Diagnosis
Vesiculobullous and erosive eruption	• Widespread (>5% BSA distribution) • Perioral, acral, buttock predilection • Bullae more common aged <1year	• Bullous impetigo • Varicella • Primary immunobullous disorders
Eczema coxsackium	• Vesicles and erosions in areas of eczematous dermatitis	• Eczema herpeticum • Secondary bacterial infection in setting of AD
Gianotti Crosti-like eruption	• Acrofacial papulovesicles and erosions with relative sparing of the trunk similar to Gianotti-Crosti syndrome	• Gianotti Crosti syndrome • Other viral exanthems • Urticaria multiforme
Petechial and purpuric rash	• Most often seen in patients > 5 years of age • Often acral	• Leukocytoclastic vasculitis • Glove and stocking purpura (parvovirus infection)
Delayed cutaneous findings	• Onychomadesis (nail shedding) and Beau's lines (tranverse grooves) • Acral desquamation	• Onychomadesis: Medication induced (tetracyclines), after severe systemic illness • Acral Desquamation: after toxin or superantigen-mediated disease (Group A *Streptococcus* infection, Kawasaki disease, or toxic shock syndrome)

Erupción vesiculoampollar y erosiva

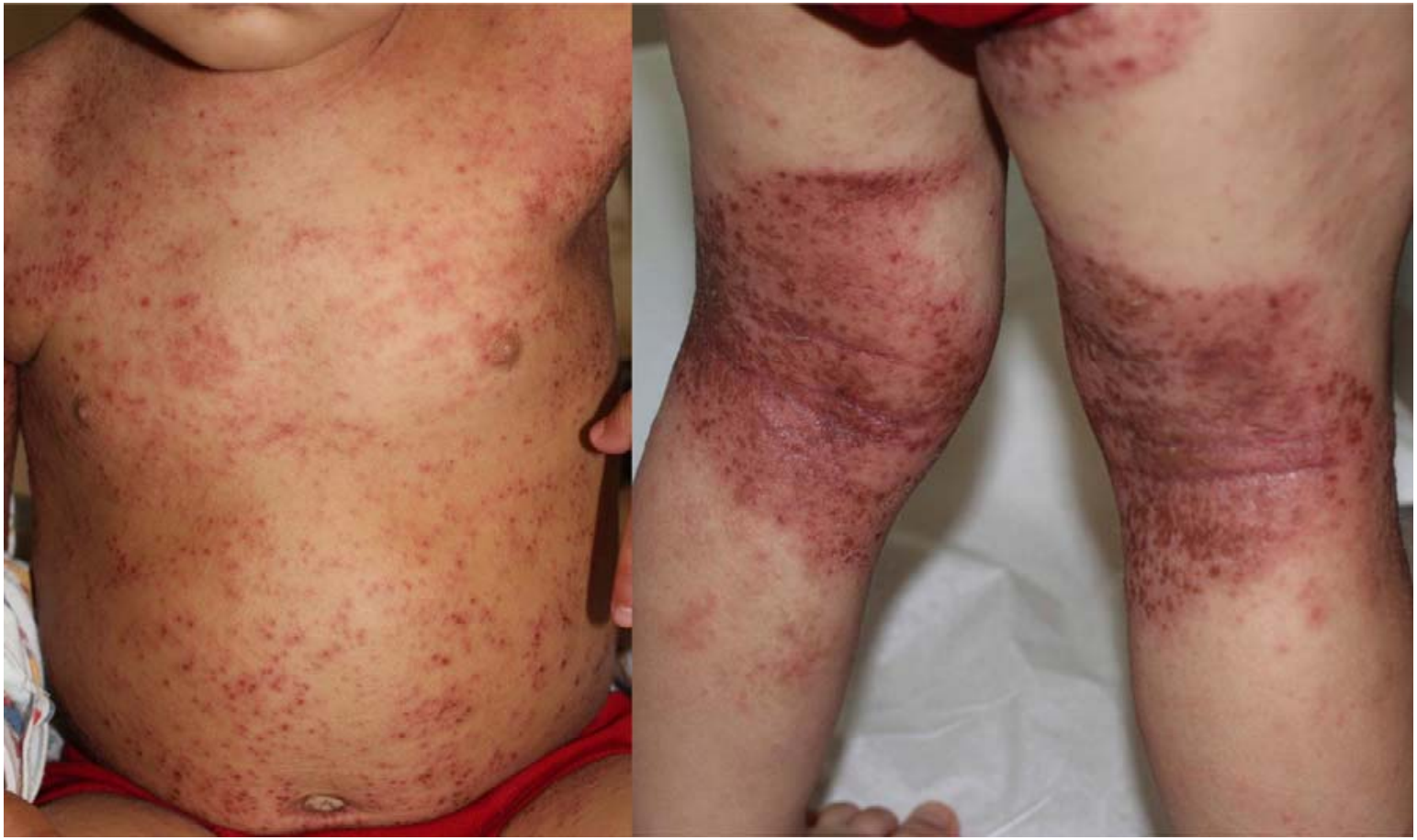


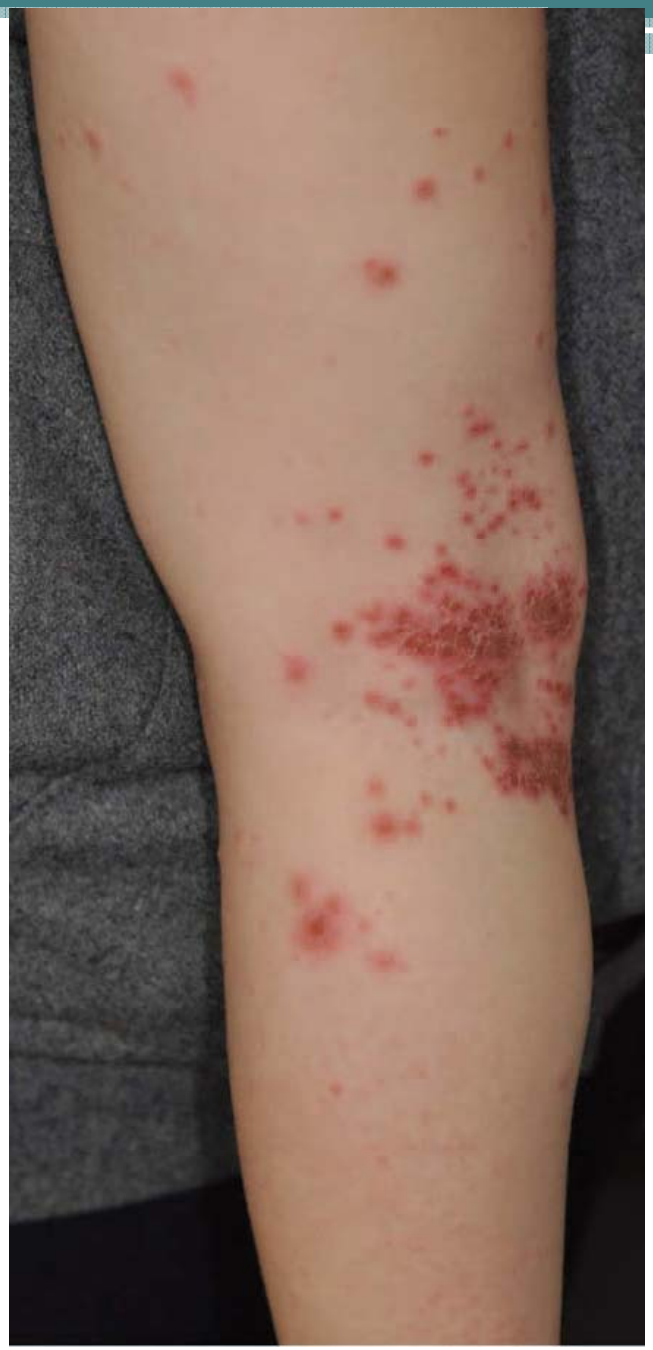




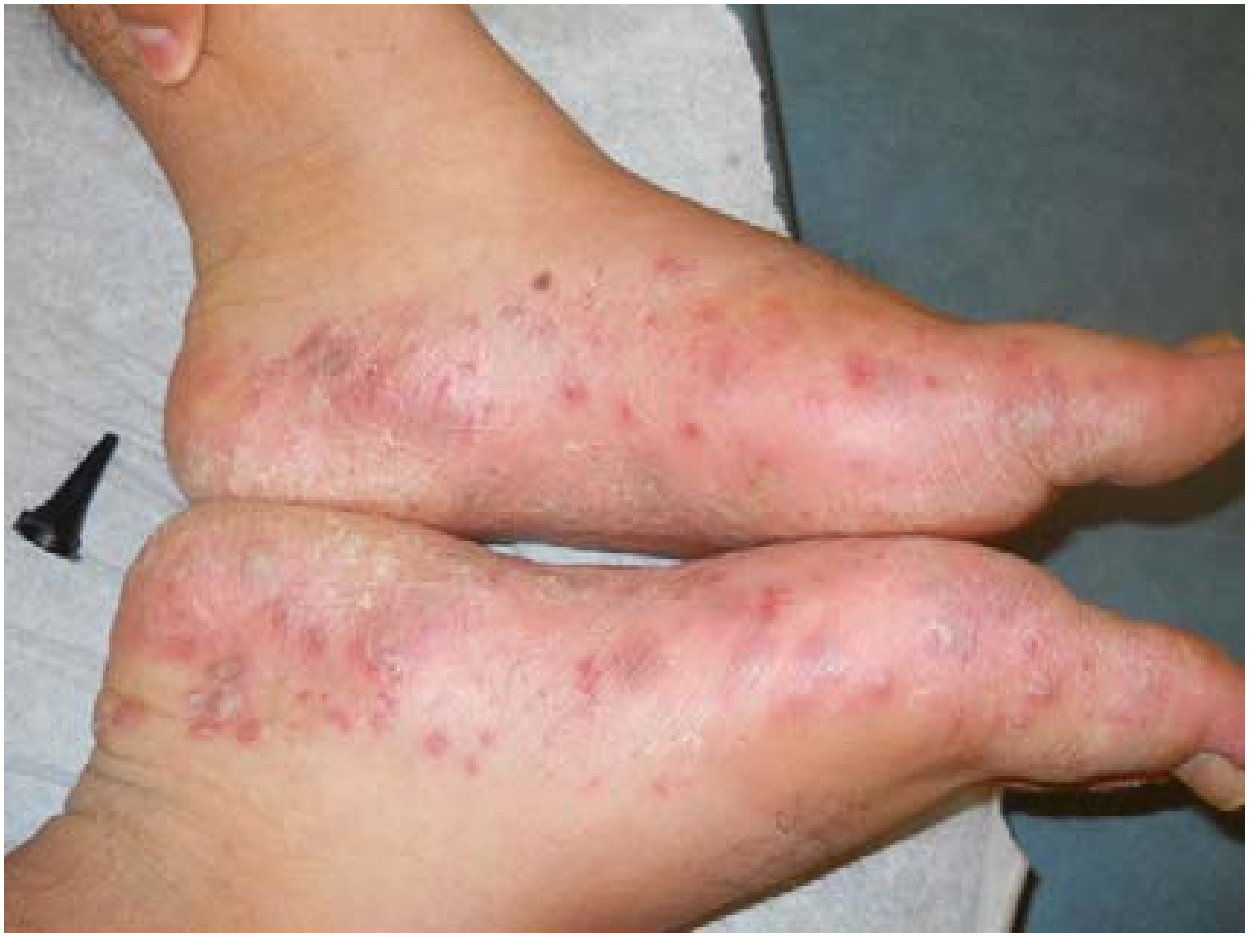


Eczema coxsackium

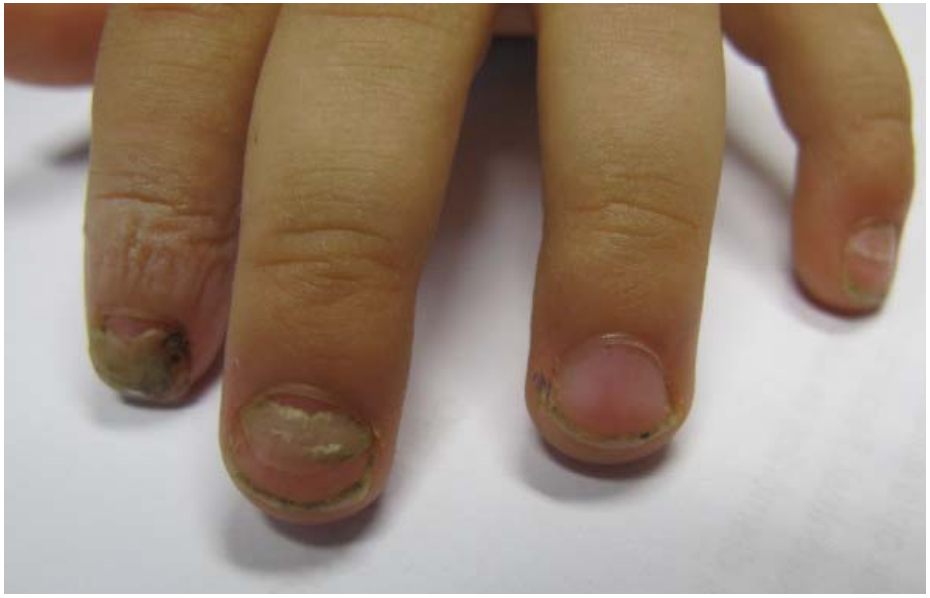


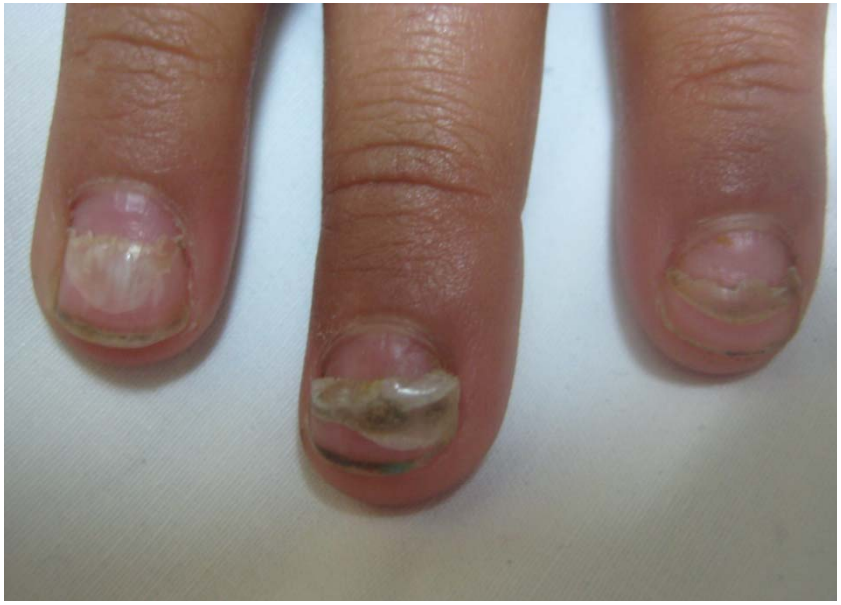


Rush purpúrico y petequias



Etapa Subaguda: Onicomadesis





Enfermedad Pie Mano Boca

- Diagnostico: PCR de fluido de ampolla
- Evolución: Los síntomas sistémicos resuelven en días y el rash en días o semanas.
- Tratamiento sintomático.

Exantemas virales atípicos

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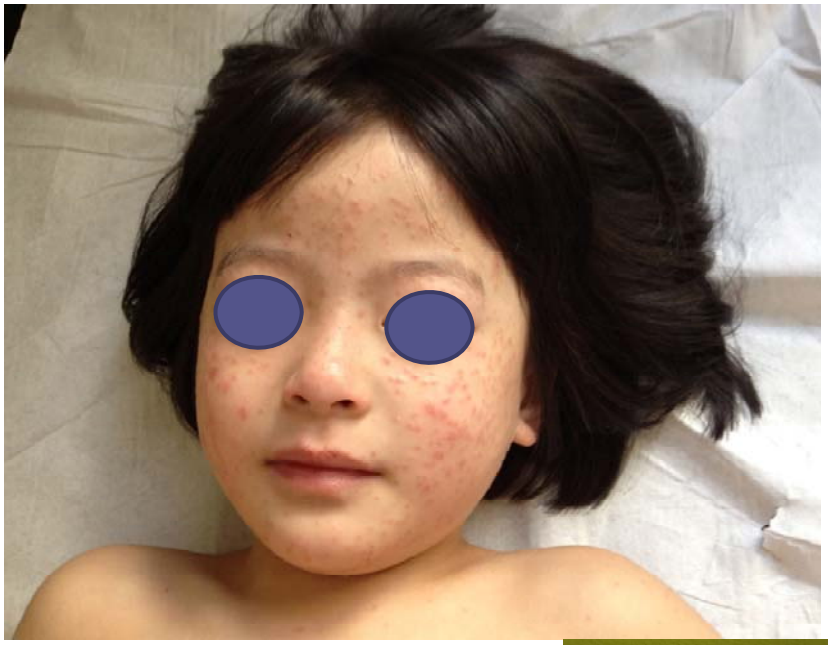
Síndrome Gianotti-Crosti

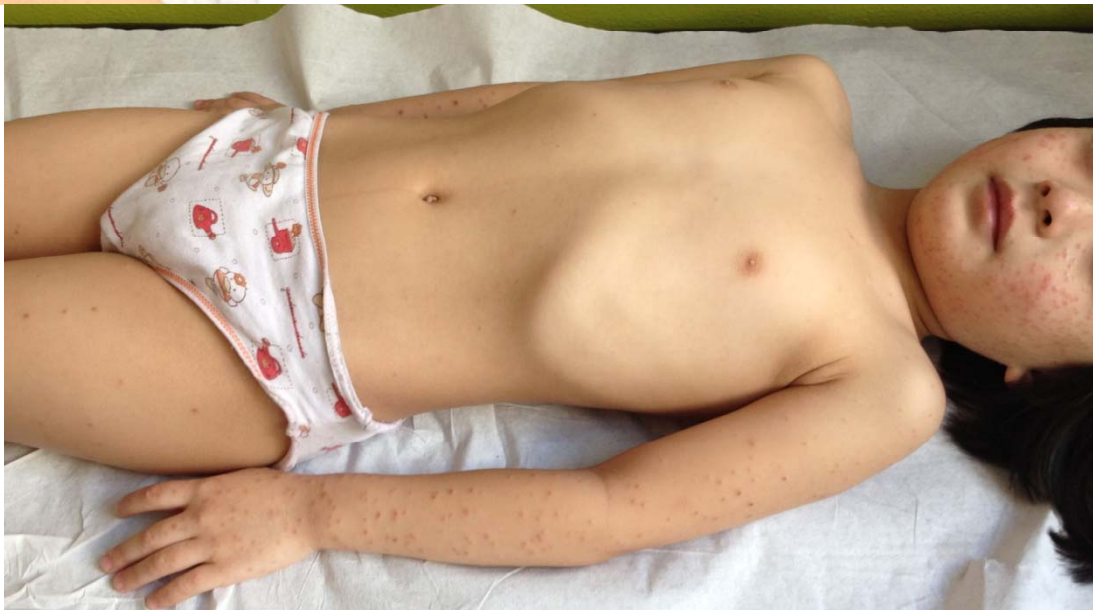
- Acrodermatitis papular de la infancia
- Descripto en 1956
- Etiologías: *Hep B,* ***VEB****, CMV, parvovirus, coxsackievirus,* virus resp. (*adenovirus, VSR, parainfluenza*, *influenza A), rotavirus, herpes virus tipo 6,* posvacuna (DPT, Sabin, Hep B y BCG).
- 2-6 años
- Primavera y verano

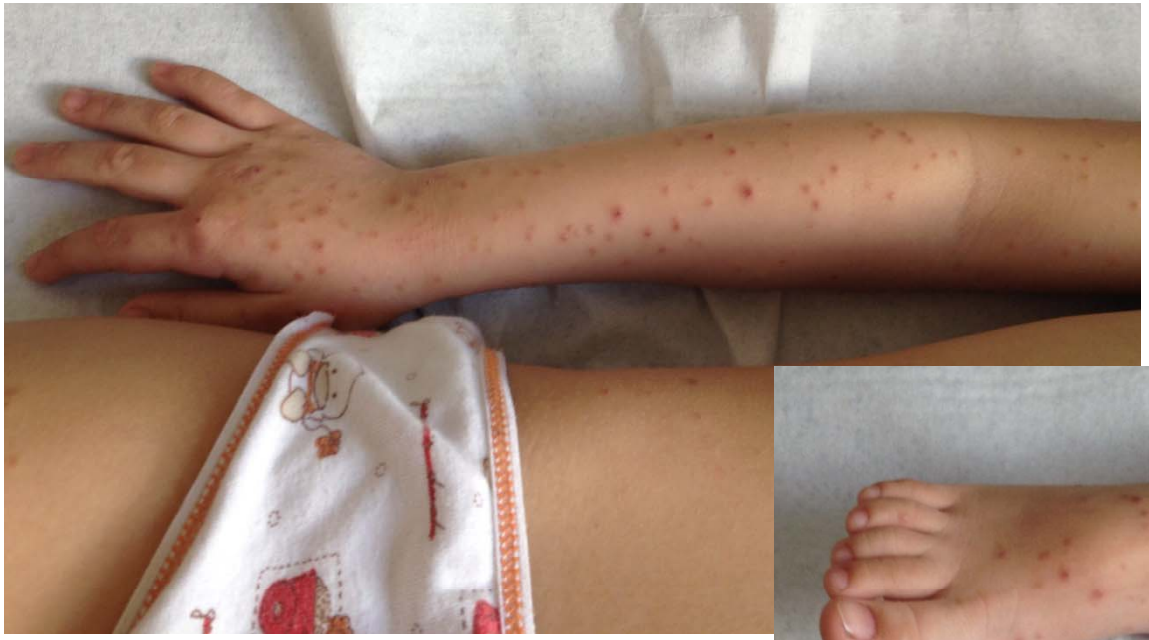
Síndrome Gianotti-Crosti

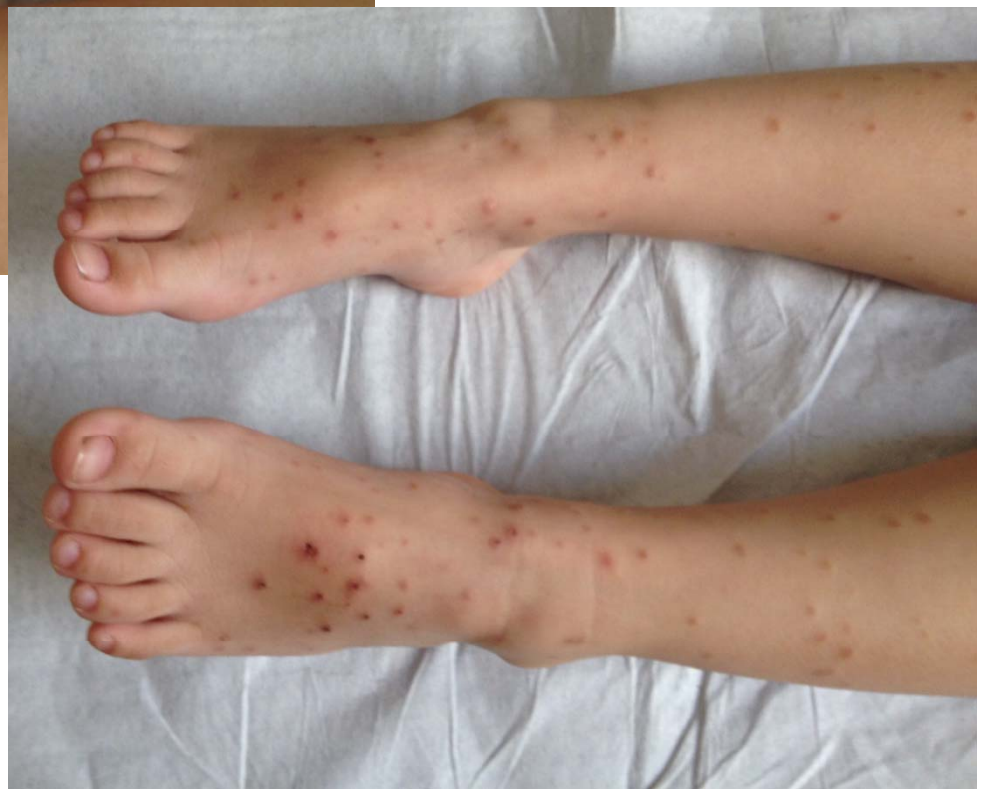
- Pródromo: síntomas VAS y GI, fiebre y linfadenopatías axilares e inguinales.

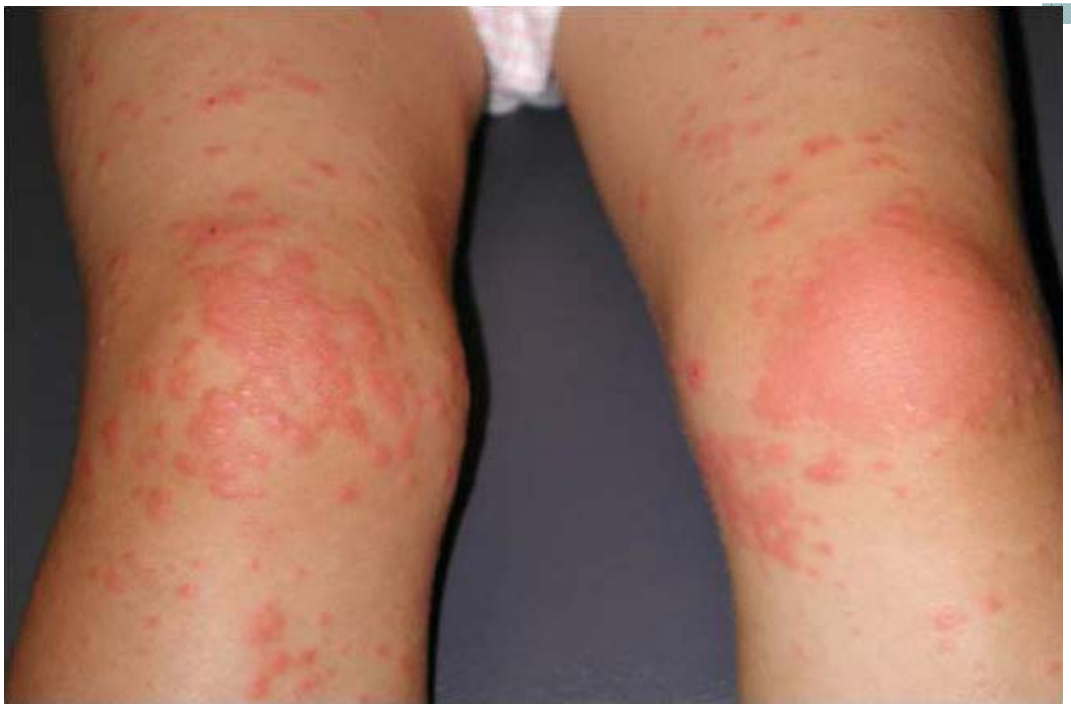
- Erupción monomorfa: Pápulas planas 2-5 mm, color piel a eritematosas, distribución simétrica.
- Áreas extensoras de extremidades, glúteos y cara. RESPETA TRONCO y mucosas.
- Si coalescen→ placas edematosas sobre los codos y las rodillas
- Prurito inconstante.

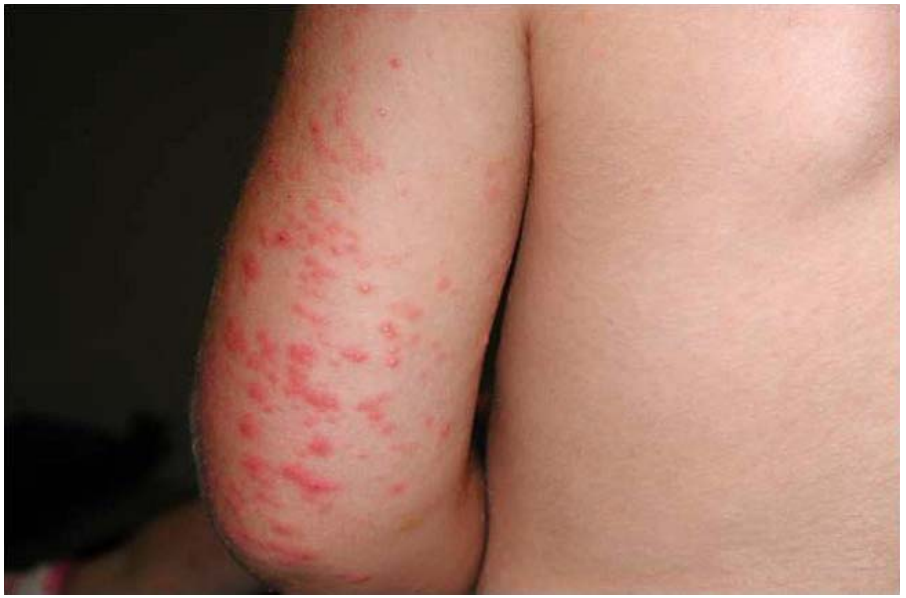












Síndrome Gianotti-Crosti

- Diagnostico: clínico.
- Histopatología inespecífica.
- Tratamiento sintomático.
- Autolimitada: 3 a 4 semanas. Hipopigmentación residual transitoria

Exantemas virales atípicos

- Enfermedad Pie Mano Boca
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Pseudoangiomatosis eruptiva

- 1969, Cherry describe lesiones símil hemangiomas, asintomáticas, transitorias asociadas a infección por echovirus
- 1993, Prose → pseudoangiomatosis eruptiva
- Etiologías:

  Viral: Echovirus, coxackievirus B, CMV y VEB

  Picaduras de mosquito

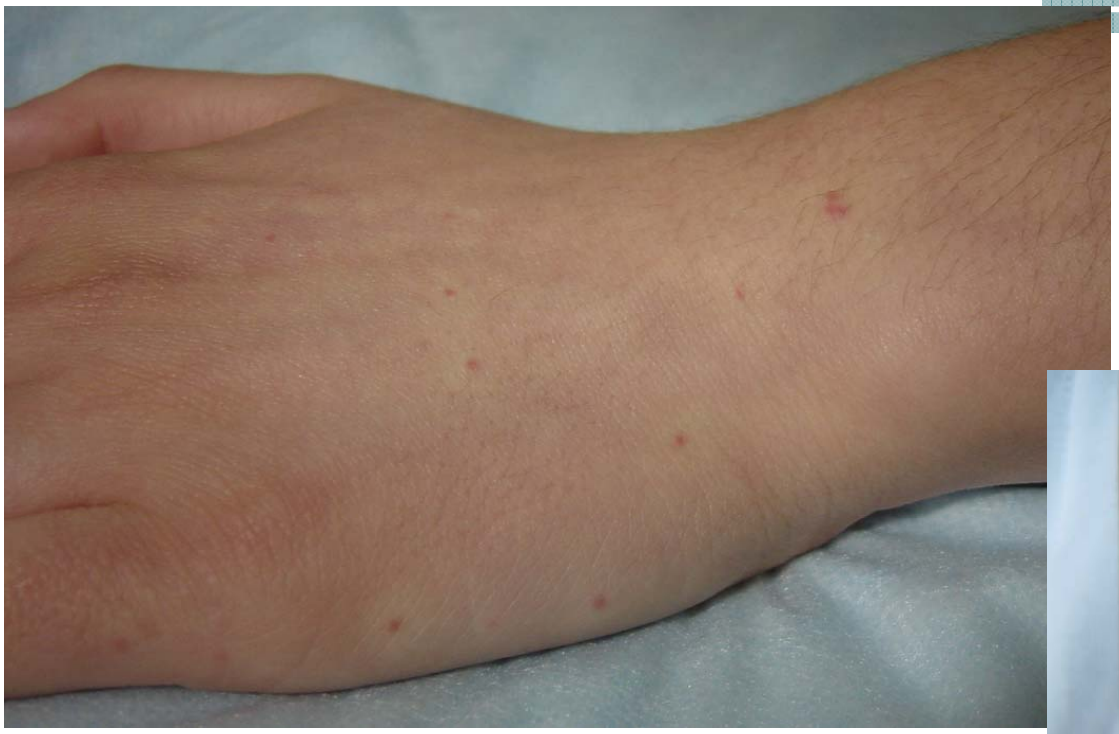
  Posvacuna (triple viral)
- Casos familiares.

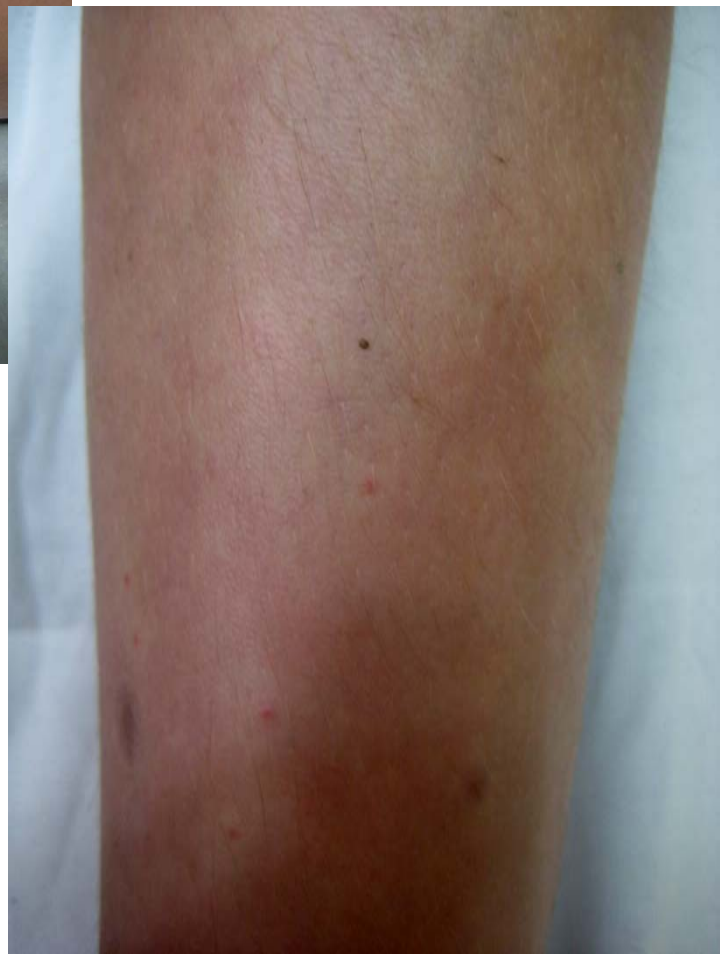
Pseudoangiomatosis eruptiva

Pródromo: síntomas VAS, GI, fiebre o cefalea.

Pseudoangiomas (pápulas asintomáticas, rojo brillante) de 2 a 4 mm, halo pálido, desaparecen a la vitropresión.

Cara, extremidades y tronco. Respeta mucosas





Pseudoangiomatosis eruptiva

- Diagnóstico clínico
- Biopsia de piel: Dilatación capilar con edema del endotelio sin aumento del número de vasos y un infiltrado linfocitario perivascular. ME: inclusiones virales
- No requiere tratamiento.
- Resolución espontanea en 1 – 8 semanas sin secuelas. Recurrencia rara.

Exantemas virales atípicos

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Exantema laterotorácico unilateral

- Exantema periflexural asimétrico de la infancia

- M:2 – H:1
- 1-5 años
- Primavera e invierno.
- Etiología desconocida.
  Asociación con ***VEB***, *parvovirus B19, herpevirus, adenovirus, coxsackievirus y mycoplasma*.
- Casos familiares

Exantema laterotorácico unilateral

- Pródromo: febrícula, síntomas VAS o GI
- Progresión de lesiones:
  - Semana 1:

    Exantema en pliegue (axilar o inguinal) unilateral

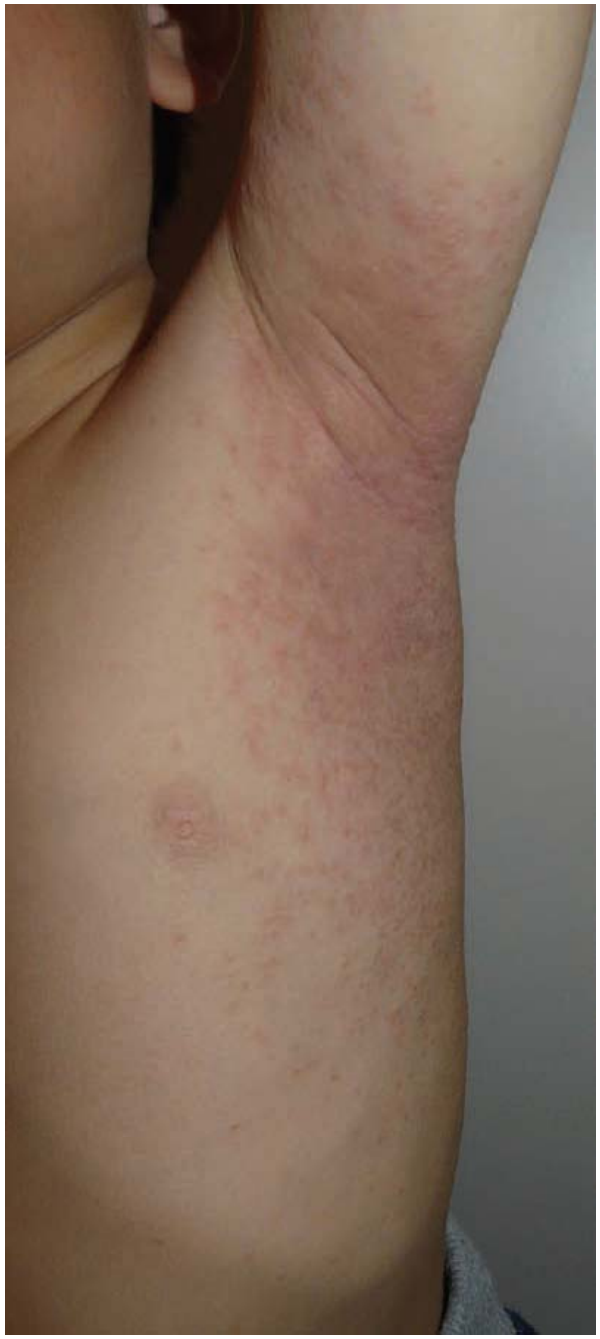
    ↓

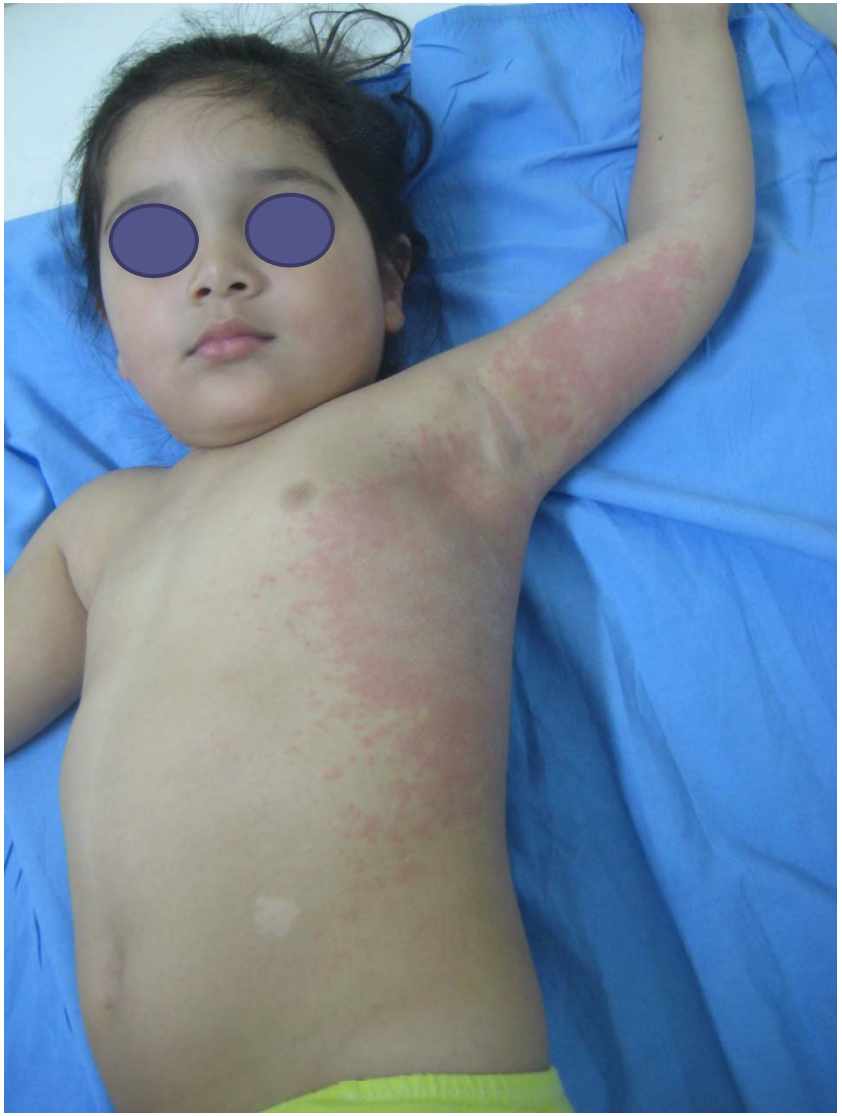
    pápulas rosadas con halo claro
    lesiones vesiculosas
    lesiones eccematoides o purpuricas

    No mucosas.
    Prurito leve (50%). Adenopatía regional.
  - Semana 2:

    Diseminación centrífuga ipsilateral (aveces contralateral)
  - Semana 3-6:

    Autoresolución con descamación fina residual.





CMAJ 2012, 184 (3): 322

Exantema laterotorácico unilateral

- Diagnostico clínico.
- Biopsia inespecífica.
- Diagnostico diferencial: dermatitis de contacto, pitiriasis rosada atípica.
- Tratamiento: emolientes y antihistamínicos.
  corticoides tópicos beneficio dudoso

Exantemas virales atípicos

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Síndrome Pápulo-Purpúrico en "Guante-Calcetín

- Rara dermatosis
- Etiología:
  - **Parvovirus B 19** → Eritema infeccioso
  - Hep B
  - CMV, VEB
  - Coxsackie B6
  - Sarampión, Rubeola
  - Herpes Virus 6 y 7
  - Drogas

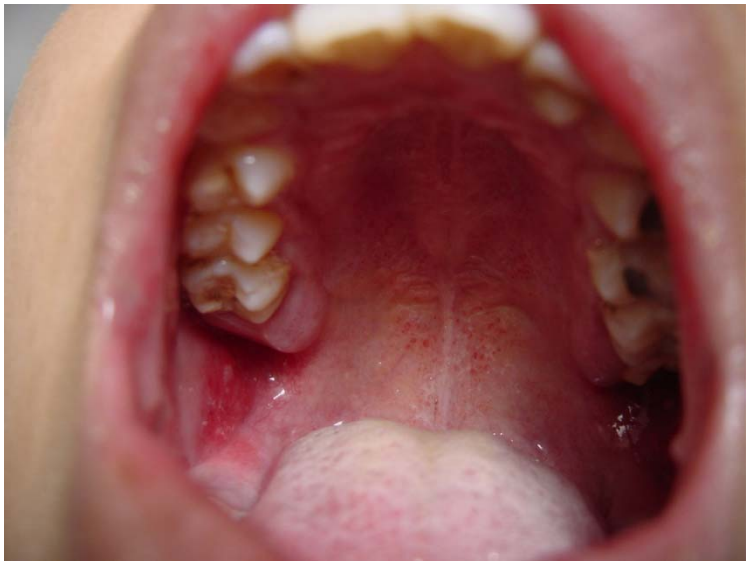
Síndrome Pápulo-Purpúrico en “Guante-Calcetín

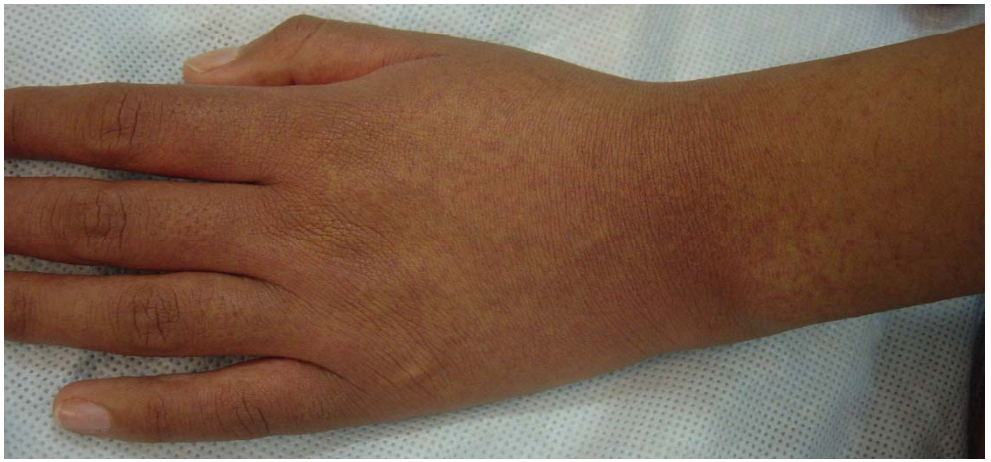
- mujer = varón
- Primavera y verano
- Edad 9 a 45 años. **Adolescentes**
- Contagia luego de aparición del brote

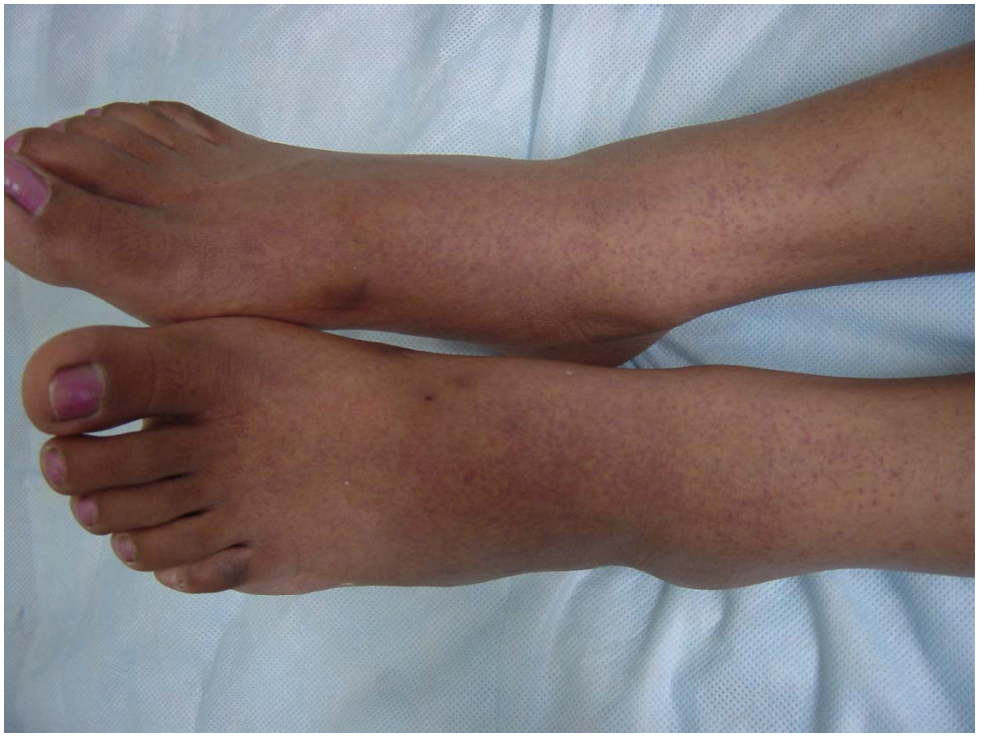
Síndrome Pápulo-Purpúrico en "Guante-Calcetín

- Piel y mucosas:
  - Edema y eritema en manos y pies
  - 1-2 días →Pápulas y petequias confluentes en palmas, plantas y dorso → Purpura con limite definidos en muñecas y tobillos. Prurito o sensación de ardor.
  - Enantema (petequias, vesículas y erosiones) en paladar, faringe y edema de labios
  - Lesiones ocasionales en cara, glúteos, tronco

- Síntomas constitucionales: (antes o durante el rush)
  - Linfadenopatías
  - Fiebre
  - Artritis, artralgias, mialgias







Journal of Clinical Virology 52 (2011) 269–271

Contents lists available at ScienceDirect

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Case report

Parvovirus B19-associated purpuric–petechial eruption

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ABSTRACT

Background: Papular-purpuric gloves-and-socks syndrome, characterized by focal acral purpuric eruptions with a symmetrical distribution, is a rare but representative purpuric dermatosis closely associated with parvovirus B19 (PVB19) infection. However, several atypical presentations such as involvement of other sites and generalized involvement have been recently reported in PVB19 infected patients. Such multifaceted features can cause considerable confusion when making a diagnosis of purpuric eruption associated with PVB19.

Objectives: Describe two febrile patients with atypical presentation of papular-purpuric eruptions due to PVB19 infection and discuss the distinctive features of purpuric–petechial eruptions associated with PVB19 infection.

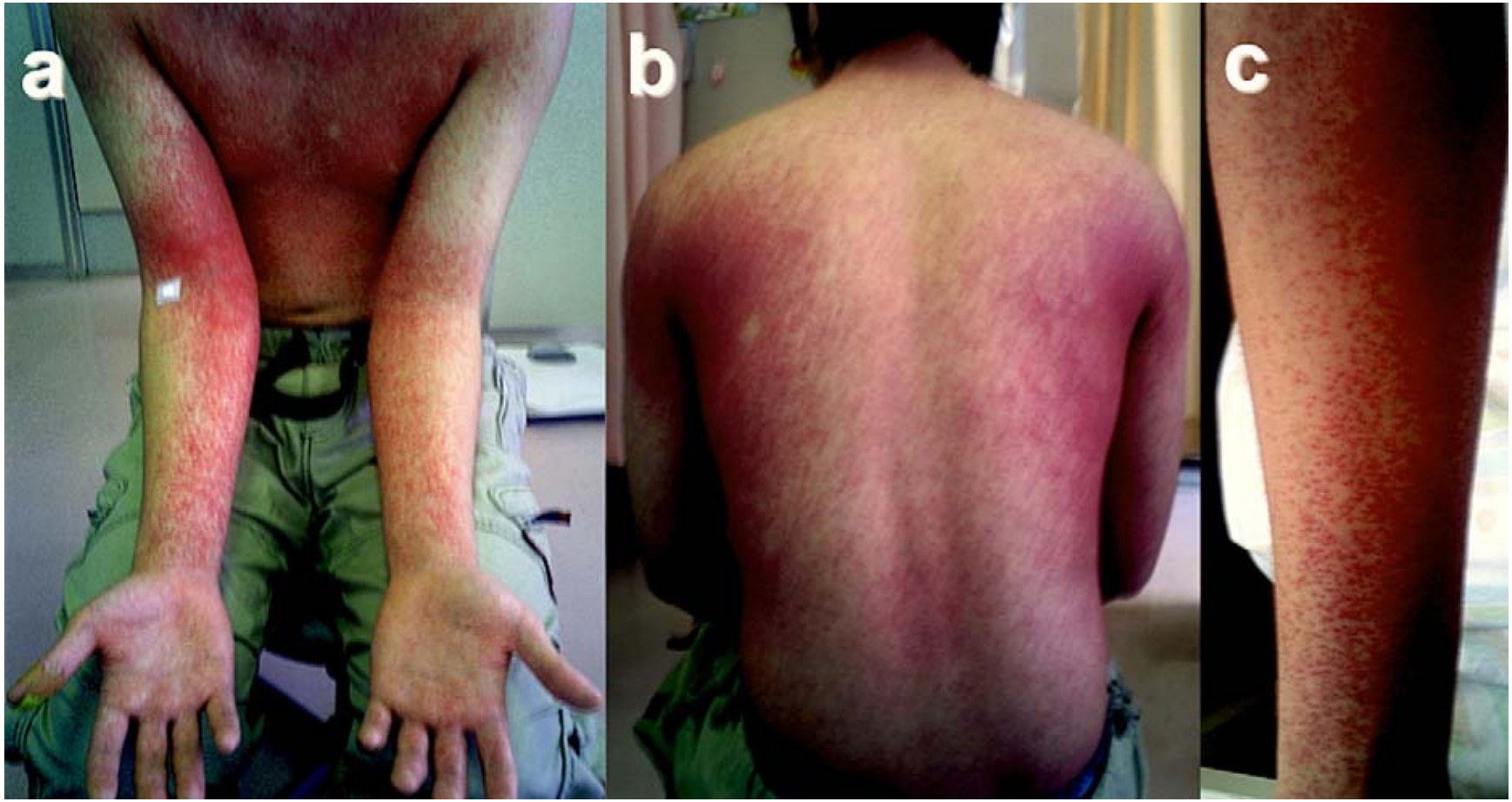
Study design: Case reports and viral diagnosis by serologic tests and real-time PCR for PVB19 DNA in the serum.

Results: One presented with "asymmetrical gloves without socks" distribution of papular purpuric eruptions accompanied by asymmetrical intertriginous involvement, the other with generalized distribution characterized by prominent intertriginous and truncal involvement. Both cases were followed by erythema infectiosum. Paired serum antibody analysis and real-time PCR indicated the link between the development of papular purpuric eruption and the viremic phase of primary PVB19 infection.

Conclusions: PVB19 infection should be considered in any patient presenting with a petechial or purpuric eruption of unclear origin, and not solely for PPGSS type presentations. Therefore, we propose a simple name "PVB19-associated purpuric–petechial eruption" to describe polymorphous purpuric–petechial eruptions due to PVB19 infection, coinciding with the viremic phase of primary infection and infectivity, characterized by a self-limiting course with a benign prognosis and common histological findings.

PVB19-associated purpuric petechial eruption (PAPPE)

- Erupción purpúrica petequial polimorfa asociada a PVB19
- Debe ser considerado en los diagnósticos diferenciales de purpura febril
- Correcto diagnostico debido a la posibilidad de contagio al momento del diagnostico y a la alta morbimortalidad en personas con hemolisis crónicas, con inmunodeficiencias y embarazadas.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Síndrome Pápulo-Purpúrico en "Guante-Calcetín

- Diagnostico: clínico
- Laboratorio inespecífico (leucopenia, trombocitopenia y ⬆ de enzimas hepáticas y ERS)
- Serologías (Ig M para parvovirus 80-90% + en la segunda semana)
- Autolimitado 1 a 2 semanas. Ligera descamación

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