

# Herpes Zoster in a 4-Month Old Infant

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## Abstract

We report a unique case of an infant patient that never had chicken pox, and the mother never had any clinical chicken pox during pregnancy.

## CASE REPORT

A four month old, previously healthy female, presented to the Pediatrics Emergency Department for multiple rashes on her body for one day. There was no history of fever, cough, vomiting, or diarrhea. The patient was feeding well. There were no other complaints. This was a full term normal spontaneous vaginal delivery with no significant prenatal, natal and post natal history. The mother was a 23 year old Hispanic woman with no significant past medical and surgical history. No skin lesions were found on the mother or on people who were in contact with the patient. There was no history of sick contacts. On examination, the patient looked healthy and happy with normal vital signs. The physical examination was significant only for multiple erythematous macules, papules and vesicles of 3-5mm in diameter on her skin (Figures 1 and 2).

## Figure 1

Figure 1 and 2: Unilateral Grouped Vesicles on an erythematous base.



Diagnosis: Herpes Zoster of left C 2, 3, 4 and possible 5:  
Reactivation of varicella zoster virus from dorsal root/cranial

nerve ganglia causes Herpes zoster after a previous infection with chickenpox.

## DISCUSSION

It is well known that pediatric zoster occurs infrequently and is usually not so severe when it develops, except in immune-compromised children (1). In particular, herpes zoster in infants is very rare but can develop following postnatal exposure to VZV (2, 3). Primary varicella tends to occur in childhood, whereas herpes zoster is a disease of adults, with most patients being older than 45 years (1, 2). The incidence of herpes zoster is very low in the group 0 to 5 years of age (20 per 100000 personyears) compared with adolescents or adults (3). Acyclovir is indicated in patients with malignancy, bone marrow or organ transplantation, high-dose steroid therapy, Congenital T-lymphocyte immunodeficiencies, Human immunodeficiency virus infection, neonatal varicella after maternal varicella beginning within 5 days before or 2 days after delivery, and associated pneumonia or encephalitis (1). It was not indicated in our patient as she didn't meet any of these criteria.

This case is unique to us as the patient never had chicken pox, nor did the mother have any clinical chicken pox during pregnancy. Another possibility is a subclinical infection before or during pregnancy.

## References

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