Bullae on the Index Finger in a Boy Suffering from Recurrent Cold Sores: A Quiz

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A 7-year-old boy was referred to the paediatric ward because of a large painful bulla on the right index finger. Over a week, multiple crops of vesicles on the volar side of the right index finger had developed into a confluent bulla. The boy had a medical history of recurrent cold sores and had an occasional habit of gnawing the skin on his finger, but he was otherwise healthy.

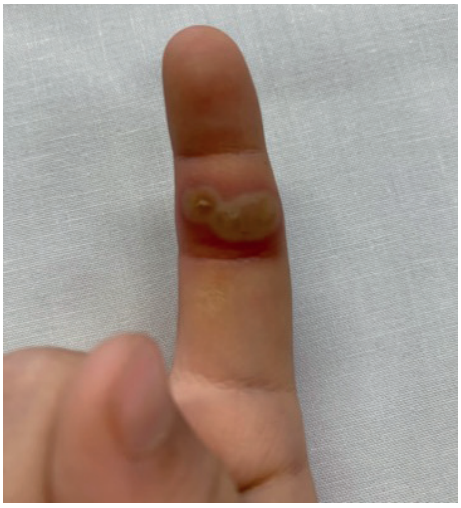

Fig. 1. Large bulla on the right index finger with discrete surrounding erythema.

At the admission, there was noted a large bulla on the right index finger with discrete surrounding erythema and a honeycombed lesion on discrete erythematous background located centrally on the upper lip (Figs. 1 and 2). He was afebrile and had no other complaints except pain from around the sore on the finger.

What is the diagnosis? See next page for answer.

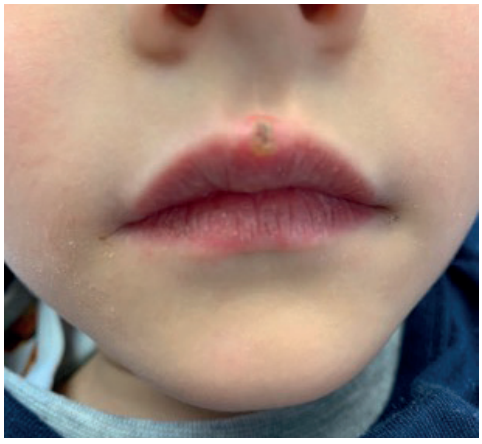

Fig. 2. A honeycombed lesion on discrete erythematous background located centrally on the upper lip.

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Diagnosis: Herpetic whitlow

Herpetic whitlow is an uncommon painful condition, due to a primary inoculation of herpes simplex virus from herpes labialis and presents as single or grouped blisters on the fingers. Herpes virus type 1 or 2 can be found in cytological examination of the blister floor. Typical entrance is from biting skin on the hands or in healthcare workers (1), but has also been observed in contact sports disciplines, e.g. in wrestlers (2) and rugby players (3). In rare cases, spread of herpes virus from a herpetic whitlow has been observed (4).

Herpes simplex virus type 1 (HSV-1) was detected in a skin swab from the bulla on the finger by the help of polymerase chain reaction (8.8×10^8 copies/ml).

After treatment with an oral solution of acyclovir 200 mg 4 times daily for 10 days, the symptoms from the upper lip and finger cleared.

References

1. Gill MJ, Arlette J, Buchan KA. Herpes simplex virus infection of the hand. J Am Acad Dermatol 1990; 22: 111–116.
2. Anderson BJ. The epidemiology and clinical analysis of several outbreaks of herpes gladiatorum. Med Sci Sports Exerc 2003; 35: 1809–1814.
3. White WB, Grant Kels JM. Transmission of herpes simplex virus type 1 infection in rugby players. JAMA 1984; 252: 533–535.
4. Karpathios T, Moustaki M, Yiallouros P, Sarifi F, Tzanakaki G, Fretzayas A. HSV 2 meningitis disseminated from a herpetic whitlow. Paediatr Int Child Health 2012; 32: 121–122.

Answers to CME on pages 145–146

Case 25: 2 (tortuous capillaries with varying diameter, pigment lumps)

Case 26: 3 (uniform globular pigment pattern)

Case 27: 2 (blurred blue-white area at the periphery of a globular melanocytic lesion)

Case 28: 2 (irregular pigmentation in a hypopigmented area)