

PAEDIATRICS

RASHES



Fever, headache & malaise precede rash.

Widespread, pruritic, vesicular rash.

Densest on trunk and face.

Vesicles crust over in 3-5 days.

Complications:

- Foetal death/malformation
- Viral pneumonia
- Meningoencephalitis

Chicken pox

Varicella Zoster virus infection.

High risk for complications: elderly, neonates, pregnant women & immunocompromised.

Infective from two days prior to vesicle formation until lesions crust over. Isolate from school, pregnant women, neonates and the immunocompromised.

Admit to hospital for IV aciclovir if complications or unwell.

Give oral acyclovir if immunocompromised, >12 years old, new lesions appear after 8 days. Discuss with O&G if patient is pregnant.

Close contact exposure >4 hours is significant if there is no previous chickenpox or the patient is pregnant/immunocompromised. Offer oral acyclovir.



Hand Foot and Mouth Disease

Coxsackie A or other enterovirus infection.

Fever, malaise, anorexia, sore mouth precedes lesions by 1-2 days

Aphthous ulcers and grey papulo-vesicular lesions on palms and soles.

Complications: meningoencephalitis (rare), dehydration due to painful mouth.

Transmitted by faecal-oral route, contact with skin lesions or respiratory secretions.

No need to isolate.