

IMAGES IN CLINICAL PRACTICE

AN UNEXPECTED COMPLICATION OF GINGIVOSTOMATITIS

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A 2-year-old healthy boy presented to the Emergency Department with 3 days of high fever and poor feeding. Physical examination showed gingivostomatitis. Routine investigations didn't show any abnormality. Due to anorexia and mild dehydration, he was admitted for rehydration. The following day, localized swelling, redness and tenderness were noted on the second right finger. Bacterial paronychia was considered and intravenous flucloxacillin was started. During hospitalization, it was noted that the child sucked his fingers often. The lesion became larger and vesiculobullous (Figure 1). Surgical incision was performed with drainage of serous fluid.

Figure 1. Swelling, redness and a large vesiculobullous lesion on the second right finger.



What is the diagnosis?

Herpetic Whitlow (HW) is a cutaneous HSV infection of the pulp or nail bed of a finger.^{1,2} In children, it typically occurs after auto-inoculation from primary oral lesions.^{1,2} Accurate diagnosis of HW may prevent unnecessary antibiotic treatment and potential harm from surgical debridement, which should be avoided in the absence of secondary bacterial infection.^{2,3} Although the diagnosis is clinical, laboratory analyses may be necessary.¹ Though specific treatment is not necessary in healthy children, acyclovir may attenuate symptoms and shorten the course of the infection, especially in cases of primary infection or multifocal disease.^{2,3} In this case, the diagnosis of HW was considered after a few days of worsening inflammatory signs and oral acyclovir was initiated. Polymerase chain-reaction of the fluid was positive for herpes simplex virus type 1 (HSV-1) and bacterial culture isolated a methicillin-sensitive *Staphylococcus aureus*. IgM and IgG for HSV-1 were positive, confirming the diagnosis of HW with staphylococcal superinfection. The oral ulcers and the finger lesion disappeared completely after ten days of flucloxacillin and acyclovir.

Compliance with Ethical Standards

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Conflict of Interest None

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