



Case illustrated

Eczema herpeticum

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28-year-old male patient, diagnosed with atopic dermatitis since early childhood medicated solely with topical immunosuppressants (clobetasol propionate and pimecrolimus). Presented himself in the emergency department (ED) with a one-day history of pain and swelling of the right retromandibular area with extension to the ipsilateral ear. Cervical CT revealed right parotiditis, and the patient was discharged with analgesia. Three days later, he returned to the ED due to the emergence of right conjunctivitis and a rash, with multiple plaque-like erosive lesions dispersed throughout the face, neck and upper limbs. The cutaneous lesions were painful, some of them with signs of bacterial infection especially on the palpebrae and ear pavilions. Ophthalmoscopic examination of the right eye showed signs of keratoconjunctivitis with small branching epithelial dendrites on the surface of the cornea. The patient was admitted in the Infectious Diseases department with suspected diagnosis of eczema herpeticum with bacterial superinfection, and started treatment with intravenous acyclovir and amoxicillin-clavulanate. The diagnosis was confirmed with the molecular detection of Herpes simplex type 1 virus on a skin swab. Both ocular and cutaneous lesions progressively improved. The patient fullfield 7 days of endovenous antiviral and antibacterial, and then switched to oral acyclovir in order to complete 14 days of treatment. At discharge, the

erosive lesions were all cleared, and only desquamative erythema remained (that was medicated with topic corticosteroids by Dermatology).

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CRedit authorship contribution statement

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Conflict of interest

There are no conflicts of interest to declare.