Human herpesvirus-6 associated neonatal urticaria multiforme

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An 18-day-old neonate was referred to our hospital because of an urticarial rash that had appeared a few hours before. On examination, skin lesions were present on the face, trunk, arms and legs. These appeared as sharply demarcated, erythematous and infiltrated, irregularly shaped, and partially desquamating papules and plaques. The infant appeared otherwise healthy, neither with lymphadenopathy nor hepatosplenomegaly. Pregnancy history was unremarkable, and serologic tests excluded congenital infections. Exposure to drugs or substances was excluded. At admission, C reactive protein was 10.9 mg/l, and total white blood cell count was 3.0×10⁹/l (neutrophils: 1.7×10⁹/l; lymphocytes: 1.0×10⁹/l). A peripheral blood smear showed only a slight and non-significant increase (2%) in the number of activated/atypical lymphocytes. Wide spectrum antibiotics were started. Three days after admission, a complete recovery of skin lesions was observed. Blood and pharyngeal swab cultures were negative. Serological and virological tests demonstrated no infection by cytomegalovirus, Epstein-Barr virus, parvovirus B19 and human herpesvirus-7 (HHV-7). Conversely, real time PCR for viral DNA revealed HHV-6 infection (28400 copies/ml). Antibiotic therapy was interrupted and the infant was discharged home to the care of his parents. Follow-up after 1 month showed a decrease of viral DNA (300 copies/ml) and persistence of clinical remission.

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