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Letter To The Editor
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Widespread Varicelliform Eruption of Kaposi in an Adult with Atopic Dermatitis

To the Editor. - Kaposi's varicelliform eruption (KVE) is a viral infection of a preexisting numerous inflammatory dermatosis initially associated with atopic dermatitis. Herpes virus type 1 and 2 are the most common etiologic factors in Kaposi's varicelliform eruption and may lead to fever, lymphadenopathy, malaise, hepatitis, keratitis, sepsis and even death besides typical umblicated dome shaped vesiculopustular eruption. Early antiviral therapy may be life saving in affected children and adults.

A 31-year-old male admitted to our outpatient clinic with a 2 days history of widespread, pruritic and painful eruption on neck, elbows, hands and knees (**Figures 1a, b, c and d**). In his medical history he has atopic dermatitis and he was using only topical emollients. Two weeks before he had herpes labialis infection and he does not remember any similar lesion before. In dermatological examination multiple umblicated vesicular lesions and lichenification were detected on his neck, post auricular region, antecubital region, wrists, palmoplantar region and posterior popliteal region. He was diagnosed as Kaposi's varicelliform eruption with his history and clinical findings. Viral serology for herpes infection was positive for IgG (+) other laboratory tests including complete blood tests, biochemistry for liver and renal dysfuntion and viral serology were normal. Ophtalmological examination for herpetic keratitis was normal. Topical emollient lotion including 10% urea, topical fucidic acid and betametasone dipropionat cream and systemic valacyclovir 1 gr 2x1 were administered. Tenth day of this therapy his lesions were almost totally regressed.

Kaposi's varicelliform eruption, also known as eczema herpeticum, was first described by *Moritz Kaposi* in 1887 [**1**]. It is a potentially life-threatening viral infection which has a risk for systemic viremia, herpetic keratitits, herpetic hepatitis, blindness, sepsis and even death in not treated [**2**]. Clinically it is characterized by monomorphic domeshaped papulovesicular eruption on mainly upper extremity including face, head, neck and trunk. Herpes simplex virus (types 1 and 2) is the most common factor in etiology but less often vaccinia virus or coxsackievirus A16 may cause KVE [**3**].

Although KVE is more often reported with atopic dermatitis, it may be seen with other preexisting inflammatory skin disorders such as seborrheic dermatitis, pityriasis rubra pilaris, psoriasis, Darier's disease, tinea cruris, allergic contact dermatitis, ichtiosis vulgaris, pemfigus vulgaris, burns, after laser application, after topical tacrolimus or pimecrolimus application, mycosis fungoides and rocasea [**1, 4, 5, 6, 7, 8**]. In our patient atopic dermatitis was accompanying to KVE with impaired skin barier function.

Clinical findings, Tzanck smear, viral cultures and HSV serology is helpful for diagnosis. We initiated systemic antiviral therapy mainly with his history and typical clinical findings. Viral serology results and clinical rapidly remission with given therapy supported our desicion in following days. Antiviral treatment for eczema herpeticum is very effective, and should be initiated without any delay to avoid significant morbidity and mortality. Topical or systemic antibacterials are also necessary for secondary bacterial infection risk which may increase the risk morbidity and mortality.

We want to present this case with his very typical and widespread presentation of KVE and also want to remind this rare emergency with its sudden onset vesicular eruptions.

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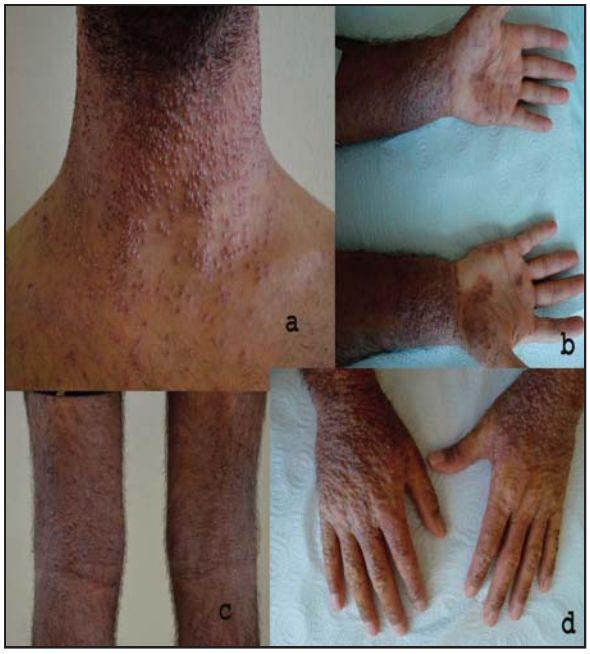

Figures 1a, b, c, and d. Widespread eruption on neck, elbows, hands and knees

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