

Kaposi's varicelliform eruption in children with atopic dermatitis

A 2-year-old boy presented to the emergency department with multiple vesicles, erosion, and haemorrhagic crusts on the face and neck [Figure 1a]. Lymphadenopathy was present in both the submandibular and occipital regions. The temperature was 39.2°C. He suffered from atopic dermatitis since birth and applied topical steroids intermittently. He received empiric antibiotics in the emergency department for one day without obvious relief, and then the lesions developed an acute eruption of umbilicated papules with crusts on the upper extremities

[Figure 1b]. Investigations revealed a positive herpes simplex virus (HSV) type 1 PCR test from the skin lesions and the presence of *Staphylococcus aureus* in the purulent exudate culture. The patient was diagnosed with Kaposi's varicelliform eruption with secondary bacterial infection and was given oral valacyclovir hydrochloride granules (150 mg twice daily for 18 days) and intensified skin care including exposure to ozonated water and low-level laser therapy once daily. The lesions showed significant resolution after two weeks.



Figure 1a: Erythematous vesicles with erosion and haemorrhagic crusts covering the face.



Figure 1b: Umbilicated papules with crusts affecting the upper limbs.

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