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Ecthyma secondary to varicella

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Introduction & Objectives: Varicella has an uncomplicated course, but in immunocompromised it may complicate with secondary bacterial infections like cellulitis, abscess and necrotizing skin lesions. Our case highlights rare ecthyma-like complication of varicella in an immunocompetent child.

Materials & Methods: A 3-year-old girl, born of non-consanguineous marriage, with normal mile stones and immunized till date, had raw areas over face, trunk and extremities since 2 weeks. Patient was diagnosed and treated with Acyclovir for varicella 10 days prior to current lesions. Most varicella lesions healed with scarring, except few which formed ulcer with blackish crusts. There was history of varicella in sibling which had resolved without complications. Cutaneous examination revealed multiple, deep ulcers, 1x1 to 4x4 cm, with punched out margins, thick adherent black crusts over face, trunk and extremities. Vital parameters, general and systemic examination was normal. Histopathology revealed focal epidermal ulcer with dense upper dermal infiltrate of lymphocytes, neutrophils and eosinophils. Tissue culture showed gram positive cocci in chains and clusters (suggestive of streptococci and staphylococci), thus confirming ecthyma. Diagnosis of varicella complicated by necrotizing secondary bacterial infection (ecthyma) was made. Treatment included injectable Amoxicillin, Ceftriaxone, Vancomycin and Linezolid, potassium permanganate compresses and Ozenoxacin 1% cream. Ulcers slowly healed with scarring over 4 weeks.

Results and conclusion: Factors associated with complications in varicella include topical, systemic, and inhaled steroids, immunosuppressants, NSAIDs, old-age, HIV, atopic dermatitis and low income. Although varicella complications were thought to be immune status dependent, immunocompetent children can be affected. In contrast to varicella gangrenosum which develops within 24-48 hours, secondary bacterial infections occur 10-14 days after an episode of varicella. Diagnosis is clinical (ulcers with necrotic tissue) aided by pus culture (common pathogens being Streptococcus pyogenes and Staphylococcus aureus) and biopsy. Prompt aggressive treatment with broad-spectrum antibiotics is warranted. One should be mindful of complications like necrotizing ecthyma in varicella even in an immunocompetent patient for timely treatment and recovery.