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Photolocalized Varicella

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Sir,
Varicella usually presents as a typical vesicular exanthem but unusual forms may occur and have been associated with immunosuppression, pre-existing dermatosis, sun exposure and skin injuries. We report an atypical case of varicella with lesions localized in sun-exposed areas.

CASE REPORT

A 5-year-old girl presented with a vesicular eruption accompanied by fever. Her history revealed contact with other children with varicella. According to her mother, the lesions spread within 48 h and the patient had received extensive sun exposure 6 days before the exanthem. On physical examination the eruption consisted of many vesicles which had started on the trunk, markedly accentuated in sun-exposed areas, spreading then to the face, arms, legs and mucosal surfaces (Fig. 1). The lesions appeared to be at the same stage of evolution and many were umbilicated. Laboratory evaluation consisting of urinalysis, blood cell count and chemistry panel yielded normal results. Chest X-ray was normal. Tzanck preparation from a vesicular lesion demonstrated multinucleated giant cells. The patient was treated with oral acyclovir. On day 4 of hospitalization, her lesions began to crust and fever resolved. At that time, serological test was positive for IgM and IgG varicella zoster antibody. The patient's skin healed without scarring and recovery was complete.

DISCUSSION

In 1973, Castrow & Wolf (1) reported the first case of varicella limited to an area of mild sunburn and suggested the term photolocalization. Since the initial description, we have been able to find 14 subsequently reported cases (2 – 11). Patients who are sun-exposed while incubating varicella-zoster can present with a markedly photodistributed exanthem. Unlike more typical varicella, photo-induced chickenpox may display lesions in a simultaneous stage. Lesions may be larger, the disease more fulminant and the typical centripetal spread less prominent. Because photolocalized varicella may be more severe than routine chickenpox, acyclovir may be a potential treatment.

Several hypotheses have been formulated to explain varicella's predilection for sun-exposed skin. The inflammatory changes of ultraviolet light can increase capillary permeability and, when viraemia occurs, varicella-zoster virus may be selectively distributed in these areas of increased permeability. A second hypothesis suggests that ultraviolet radiation damages

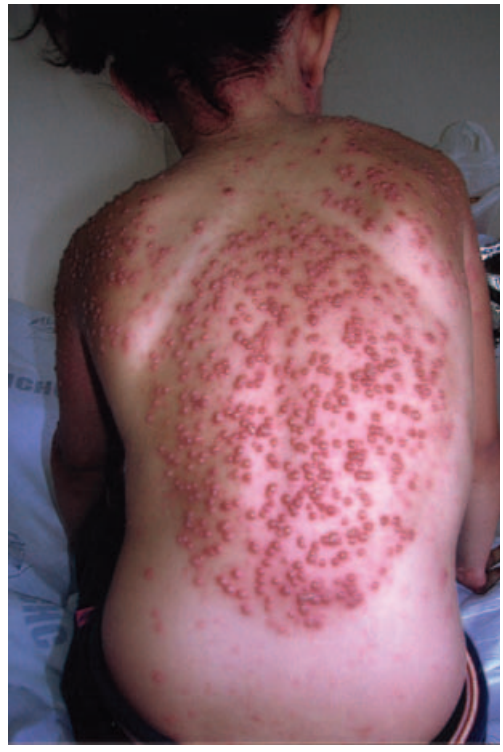

Fig. 1. Large lesions localized in sun-exposed areas, in a simultaneous stage.

host cell membranes and increases local temperature, therefore decreasing local immune response, allowing rapid proliferation of varicella-zoster virus. Another hypothesis suggests that exposure to ultraviolet radiation can cause local and systemic cell-mediated immunosuppression (2).

One situation where sunlight plays a role is in acting as a trigger for the reactivation from the latency of herpes simplex virus, possibly a temporary depression in local cutaneous immunity.

In conclusion, we suggest that sun exposure may modify the clinical presentation of varicella, and photolocalization of chickenpox is an unusual and probably underdiagnosed presentation of this common viral disease.

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Multiple Halo Naevi associated with Carcinoid in a Young Man

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Sir,

Halo naevus (HN), also named Sutton's naevus, is characterized by the occurrence of a depigmented, vitiligo-like halo around a melanocytic naevus. They are relatively common in children, teenagers and young adults, most often solitary or in limited number. They are not associated with other disorders according to the literature, except for very rare cases of malignant melanoma either in the HN itself or located elsewhere (1–7). We here report on an unusual association of multiple HN with a benign carcinoid tumour of the ileum, which raises the possibility of a cell-mediated reaction directed against two lesions sharing a common embryonic origin.

CASE REPORT

A 27-year-old man without any remarkable medical history including pigmentation disorders was referred for multiple HN (Fig. 1), which had occurred simultaneously within the previous 18 months. Physical examination disclosed more than 50 HN mainly located on the trunk and without associated vitiligo. He was otherwise healthy with no lesions suspicious of melanoma on skin, or oral or conjunctival mucous membranes. Routine biochemical tests were unremarkable. A biopsy from an achromic halo displayed the disappearance of pigmented cells and a slight inflammatory infiltrate of mononucleated cells in the upper dermis. Specialized ocular, nasal and pharyngeal

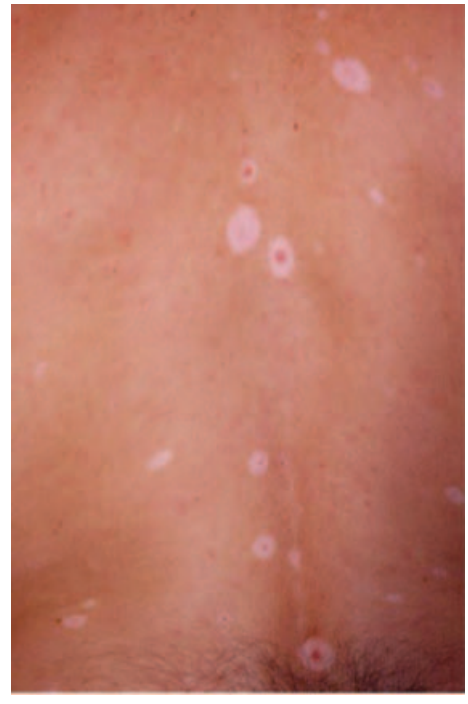

Fig. 1. Multiple halo naevi of the trunk.