

IMAGES IN CLINICAL MEDICINE

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Herpetic Whitlow



A PREVIOUSLY HEALTHY 1-YEAR-OLD GIRL WAS ADMITTED TO THE HOSPITAL with a 4-day history of fever, along with erythema and swelling of the left third finger. Bacterial cellulitis was suspected, and intravenous cefazolin was initiated. However, over the next 36 hours, the fever persisted (with a maximum temperature of 39°C), the finger was noted to have visible vesicles, and the fingertip became pale (Panels A and B). Further history revealed that the child often sucked her fingers, and examination of the oral cavity was notable for gingival inflammation and tongue lesions (Panel C, arrow). Polymerase-chain-reaction assay of a specimen from an oral lesion was positive for herpes simplex virus type 1 (HSV-1). Primary HSV-1 infection in young children commonly causes gingivostomatitis and fever. Thumb and finger sucking can lead to digital HSV infection, known as herpetic whitlow. In this patient, cefazolin was discontinued and intravenous acyclovir was initiated. Within 2 days, the symptoms began to resolve, and treatment was switched to oral valacyclovir. The patient was discharged home and completed a 10-day course of antiviral therapy. Resolution of the skin lesion was confirmed at the outpatient clinic 9 days after discharge.

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