

VARICELLA ZOSTER: Chickenpox

Fatal for 2 unfortunates in every 100,000

Dangerous in the immunocompromised

Incubation 10-21 days

Prodrome:

- Mild fever
- Malaise
- Anorexia
- Occasionally scarlatinoform or morbilliform rash

Pruritic rash (characteristic) occurs the following day

- **starting on the trunk** and spreading to the limbs and face
- **begins as red papules and develops rapidly into teardrop vesicles** (1-2mm diameter)
- **vesicles become cloudy, break, and form crusty scabs**
- crops of lesions occur so that there are several stages of lesion present
- vesicles often involve mucous membranes

Diagnosis is clinical (**Tzanck** prep looking for multinucleated giant cells if Dx unclear)

AVOID SCRATCHING!...but its itchy....

- super-infection can take place when children (with their dirty little hands) scratch their varicella rash. Necrotising fasciitis is but one disturbing consequence. Nasty pockmark scars are another.

INFECTIOUS from 24 hours before the rash until scabby crusting occurs

Mononuclear cells:

Tzanck test looks for weird monocytes which harbour herpesviruses. Cannot differentiate between simplex and zoster.

RE-ACTIVATION: "SHINGLES"; almost never in the under-10s...

The zoster virus lives on quietly, in the dorsal nerve root ganglia... Until one day it is time to strike!

Starts out with **pain along a dermatome;** usually nothing on the skin as yet.

Pain gets worse, fever and malaise develop, and the **RASH appears -vesicular, erythematous**

MANAGE WITH ACYCLOVIR if early;

after about 3 days of rash, the acyclovir does nothing.

THERE MAY BE LASTING NEUROLOGICAL DISABILITY if the face is involved.

RASH lasts about 2 weeks; pain may last 1-2months.