



# **DARKENING & DEBILITATING VIRAL ILLNESS**

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## FOUR PATIENTS IN THE PAST 1 MONTH

Adolescent girl	Adolescent boy	Adolescent boy	Neonate
Fever Swelling of hands & feet	Fever Myalgia Arthralgia	Fever Arthralgia	Seizure, apnea No fever  Mother had fever 1 day prior to delivery
Small joint arthritis	<b>Hyperpigmentation</b> (nose, ear lobes, palms)	Small & large joints	<b>Hyperpigmentation</b> (face, limbs )  Exfoliative dermatitis
			Septic work up -Negative



## Hyper pigmentation





# DIAGNOSIS:

- Fever
  - Joint involvement
- } ? chikungunya
- **Cutaneous hyperpigmentation??!**



# **DERMATOLOGIST CONSULT:**

**Hyperpigmentation common manifestation of chikungunya fever in neonates and children!!**



name of the Patient : Murali Krishna Age: 18  
Referring Hospital / Clinician : KKCTH  
Specimens received : Blood  
Lab. No. : MS-3693  
Receipt of Sample : 18/10/13  
Receipt details : Nil  
Disease : Chikungunya I

positive  
positive for chik  
antibodies on E

## **IgM ELISA**

**Available at King  
Institute**

**2ml of plain sample**

**Free of Cost**

**Results available  
within a day.**



# CHIKUNGUNYA – SKIN MANIFESTATIONS

- 40-50% - skin manifestations
- Facial involvement (77%)
- Morbilliform rash – most common
- Hyperpigmentation – usually postinflammatory nature
- Can persist for weeks





## MUCOCUTANEOUS MANIFESTATIONS:

- Skin rash;
- Aphthae like ulcers;
- Pigmentary changes;
- Desquamation;
- Exacerbation of the existing dermatoses
- Miscellaneous, i.e. urticaria, non-intertriginous necrotic cutaneous ulcers, scrotal dermatitis, pedal edema and vesiculobullous eruption.



# POINTERS TO DIAGNOSIS:

- Facial hyperpigmentation
- Aphthous ulcers
- Xerosis and scaling

CHIKUNGUNYA



# WHO CRITERIA FOR DIAGNOSIS:

## ○ Clinical criteria:

- Acute onset of fever  $>38.5^{\circ}\text{C}$  and
- Severe arthralgia/ arthritis not explained by other medical conditions.

## ○ Epidemiological criteria:

- Residing or having visited epidemic areas,
- Having reported transmission within 15 days prior to the onset of symptoms



- Laboratory criteria:
- At least one of the following tests in the acute phase:
  - Virus isolation
  - Presence of viral RNA by RT-PCR
  - Presence of virus specific IgM antibodies in single serum sample collected in acute or convalescent stage.
  - Four-fold increase in IgG values in samples collected at least three weeks apart



Possible case:

a patient meeting **clinical** criteria

Probable case:

a patient meeting both the **clinical** and  
**epidemiological** criteria

Confirmed case:

a patient meeting the **laboratory** criteria,  
irrespective of the clinical presentation



# CHIKUNGUNYA IgM ELISA

- Its advisable to do the antibody test after the first week
- Sensitivity - 83%
- Specificity - 71%.



## TREATMENT:

- Paracetamol: Avoid aspirin.
- Hydroxychloroquine for refractory arthralgia
  
- Emollients
- Topical steroid/hydroquinone



## **LESSONS LEARNT:**

- **Mucocutaneous manifestations common in Chikungunya fever in neonates and children**
- **Important clue to diagnosis**





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Thank you

