

IMAGES IN PAEDIATRICS

Coma blisters on a patient with respiratory failure

Ampollas del coma en paciente con insuficiencia respiratoria



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We present the case of a girl aged 8 years with cerebral palsy in treatment with valproic acid. She was admitted due to a respiratory tract infection with hypoxaemia, at which time she presented with hyperglycaemia (blood glucose, 160–190 mg/dL), and was treated with amoxicillin-clavulanic acid and oxygen therapy. At 72 h she exhibited distal oedema and decreased perfusion with cyanosis in the left forearm and right foot, areas in which a catheter had become accidentally dislodged earlier on. A few hours later, she had developed taut blisters in both locations, first filled with clear fluid (Fig. 1), and later with blood-stained fluid (Fig. 2), without signs of inflammation or injury in any other location. We made a suspected diagnosis of coma blisters, given the presentation and general condition of the patient, considering hypoxaemia, metabolic changes, limited mobility and treatment with valproic acid potential triggering factors. The lesions resolved within 3 weeks with antiseptic measures, a topical antibiotic and correction of the triggering factors. Coma blisters are a benign and self-limiting disease that requires ruling out other blistering diseases. Few cases have been described in children.¹ The pathogenesis is multifactorial, including ischaemia secondary to prolonged local pressure, hypoxaemia or drug toxicity.² The clinical manifestations suffice to make the diagnosis, and a histological examination may be needed in uncertain cases.³

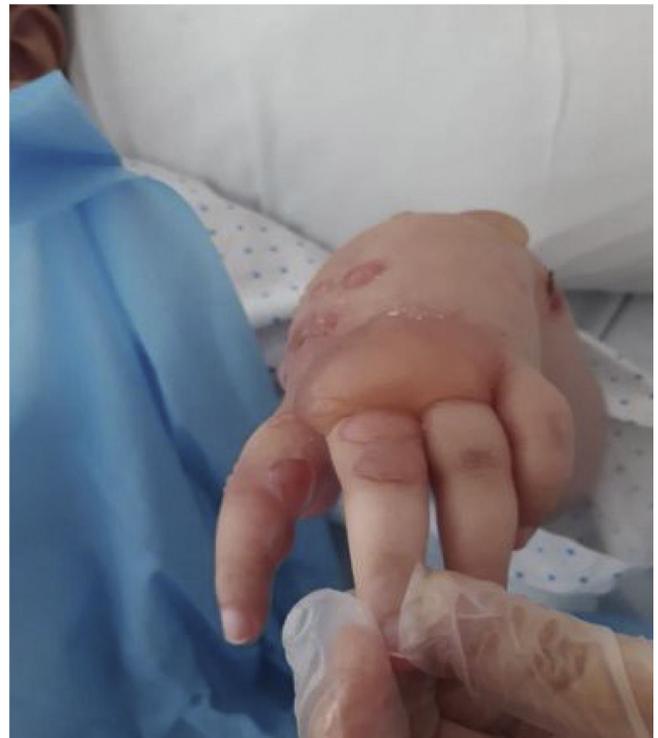


Figure 1 Blisters filled with clear fluid in the back of the hand and fingers.

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Figure 2 Progression to blisters filled with blood-stained fluid.

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Conflicts of interest

The authors have no conflicts of interest to declare.

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