



IMAGES IN PAEDIATRICS

HSV type 2 acute laryngitis in neonate patient

Laringitis aguda en neonato por VHS tipo 2

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A female neonate born to term whose mother had negative results of serologic tests for HIV, hepatitis B, rubella and syphilis presented at 10 days post birth with food refusal that required tube feeding and respiratory distress that did not require supplemental oxygen. The examination revealed vesicular lesions with a red base over the back of the left hand and trunk and similar lesions in the epiglottis and both folds, arytenoids and vocal cords (Fig. 1). A lumbar puncture and aspiration was performed, yielding a clear, nonpurulent fluid that tested positive for herpes simplex virus (HSV) type 2 and negative for all other viruses in the PCR panel. The examination of the mother at the time the patient was admitted revealed genital lesions that tested positive for the same virus.

The patient started treatment with intravenous acyclovir and steroid therapy, which achieved resolution of the cutaneous and laryngeal lesions within a week. Continued treatment with acyclovir was prescribed until the patient reached 1 year of age.

In our review of the literature to date, we found reports of 3 more cases of laryngitis due to infection by HSV type 2 that described previously healthy patients with a clinical presentation similar to that of our patient.^{1–5}

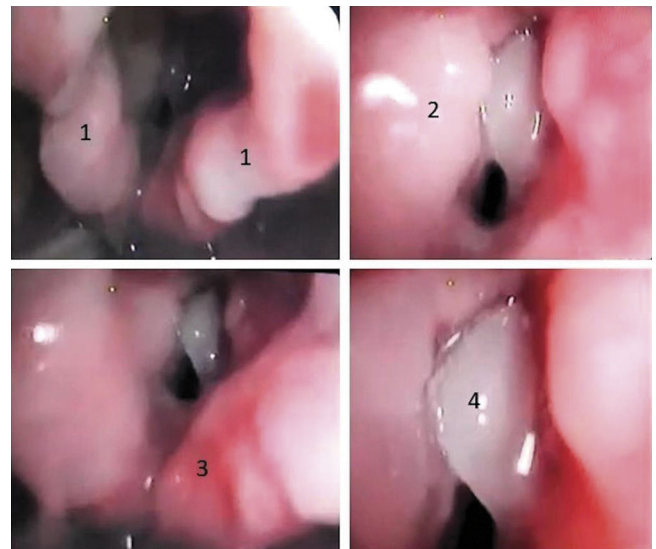


Figure 1 (1) Areas with aphthous ulcers in both aryepiglottic folds. (2) Fibrous area in the left fold and ulcerated area in the contralateral fold. (3) Ulcerated area in the interarytenoid space. (4) Vesicle extending the full length of the right vocal cord.

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