Snapshot

Eczema coxsackium

Hsing-Jou Su[1,2,3]

Chun-Bing Chen[1,2,3,4,5,6,7,8]

1 Chang Gung Memorial Hospital, Linkou, Taiwan.

2 Chang Gung Memorial Hospital, Taipei, Taiwan.

3 Chang Gung Memorial Hospital, Keelung, Taiwan.

4 Drug Hypersensitivity Clinical and Research Center, Chang Gung Memorial Hospital, Linkou, Taiwan.

5 Chang Gung University, Taoyuan, Taiwan.

6 Graduate Institute of Clinical Medical Sciences, Chang Gung University, Keelung, Taiwan.

7 Xiamen Chang Gung Hospital, Xiamen, China.

8 Immune-Oncology Center of Excellence, Chang Gung Memorial Hospital, Linkou, Taiwan.

chunbing.chen@gmail.com

doi: 10.5694/mja2.51297

A 6-month-old female infant with atopic dermatitis presented with multiple erythematous papules and vesicles with crusts on the perioral area, trunk and extremities (Figure). The distribution of the new skin eruptions was almost on the same areas of atopic dermatitis. She was afebrile with mildly decreased appetite and activity. The polymerase chain reaction (PCR) tests for throat and vesicle fluid were positive for coxsackievirus A6 but negative for herpes simplex virus, confirming diagnosis of eczema coxsackium. After topical corticosteroid, topical antibiotics, and adequate hydration, the skin lesions resolved within 2 weeks. Eczema coxsackium is commonly caused by coxsackievirus A6 in patients with atopic dermatitis.[1] Differential diagnoses include varicella zoster infection, eczema herpeticum, and bullous impetigo. PCR testing for enterovirus detection of the vesicle fluid helps to differentiate eczema coxsackium from eczema herpeticum. Early diagnosis can prevent inappropriate use of antibiotics or acyclovir.[2]

Competing interests: No relevant disclosures. ■

© 2021 AMPCo Pty Ltd

1 Horsten HH, Kemp M, Fischer TK, et al. Atypical hand, foot, and mouth disease caused by coxsackievirus A6 in Denmark: a diagnostic mimicker. *Acta Derm Venereol* 2018; 98: 350–354.

2 Hoffmann AJ, Latrous M, Lam JM. Atypical hand-foot-and-mouth disease. *CMAJ* 2020; 192: E69. ■