

Chapter 5:

Infectious viral diseases



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basic lesion

cause

picture

alphabetical

5.1 Herpes virus group



Type I herpes

Herpes of the face

Multiple vesicles arranged in a cluster on an erythematous background. The lesions are usually painful and in most cases preceded by a burning or itching sensation. The vesicles rupture spontaneously after a few days and drying occurs later. Recurrences are typical (recurrent herpes), usually at the same site.

Basic Lesions: Erythematous Macule; Vesicles

Causes: Infection



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Type II herpes (genital)

Herpes of the penis

There are lesions which correspond to two stages of development: vesicles on an erythematous base on the prepuce (recent attack) and black crusts on the shaft (old attack). The lesions are itching and painful. The diagnosis is confirmed with liquid from a vesicle: smear for immunological diagnostics with the aid of monoclonal antibodies and culture.

Basic Lesions: Erythematous Macule; Vesicles; Crusts

Causes: Infection



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Varicella

Varicella and herpes zoster are associated with infection by the virus *Herpes varicellae*.

Vesicles on a background of healthy skin or surrounded by an erythematous ring, distinctly separated from each other, whose contents become cloudy secondarily. ▶

Basic Lesions: Erythematous Macule; Vesicles; Crusts

Causes: Infection



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Varicella

continued

The central umbilication is classical. They develop to form an adhesive crust which sometimes leaves a depressed scar when it detaches.

Basic Lesions: Scars

Causes: Infection



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Zoster of the trunk

Herpes zoster is associated with infection by the virus *Herpes varicellae*.

Vesiculobullous dermatosis preceded and very often accompanied by considerable pain (especially in old people).

The lesions are strictly unilateral and correspond to the tract of a nerve root. In the present case an intercostal nerve is involved ("fiery half-girdle").

Basic Lesions: Erythematous Macule; Vesicles; Bullae

Causes: Infection



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Ophthalmic nerve zoster

In the present case the topography of the lesions makes it possible to say that two branches are affected by the infectious process: the ophthalmic branch and the superior maxillary branch. The third branch, the inferior maxillary, is spared. The presence of vesicles on the nostril shows that the nasociliary nerve is involved.

Basic Lesions: Erythematous Macule; Vesicles

Causes: Infection



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5.2 Papillomavirus group



The papillomaviruses are responsible for the occurrence of various types of benign tumour, viral warts.

Common warts

Small greyish keratotic tumours, rough to the touch, on the backs of the fingers. Common warts are contagious and autoinoculable.

Basic Lesions: Epidermal Papules; Warts; Keratoses

Causes: Infection



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Plane warts

These warts are mainly located on the face and on the back of the hands or fingers. They are orange very slightly raised papules. ▶

Basic Lesions: None specific

Causes: Infection



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Plane warts

continued

The linear disposition is typical (Koebner's phenomenon caused by autoinoculation along scratch lines).

Basic Lesions: None specific

Causes: Infection



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Condylomata acuminata

Fleshy reddish formations on the genital organs. Condylomata acuminata are contagious (sexually transmitted disease) and can spread rapidly. The maceration is sometimes considerable.

Basic Lesions: Vegetations

Causes: Infection



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Plantar wart

Distinctly demarcated keratotic formation which is often deeply embedded in the skin of the sole. The disappearance of dermatoglyphics all over the surface of plantar warts is typical and makes it possible to distinguish this lesion from a corn. A single plantar wart is classically known as myrmecia.

Basic Lesions: Keratoses

Causes: Infection



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Mosaic warts

Juxtaposition of numerous plantar warts forming a hyperkeratotic patch by spreading by degrees. These mosaic plantar warts are often painful (sensitivity to pressure during walking).

Basic Lesions: Warts

Causes: Infection



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Horny filiform wart

Small pedunculate papilloma mainly affecting the face (nose, side of the neck, and cheeks). Horny filiform warts are typically found in men (shaving, especially with a razor rather than an electric shaver, contributes to dissemination).

Basic Lesions: Warts

Causes: Infection



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5.3 Epstein-Barr virus



Hairy leukoplakia

Appearance of fine whitish striations on the sides of the tongue. Oral hairy leukoplakia is most often encountered in homosexual men suffering from AIDS. The term "hairy" is purely descriptive. The hairy appearance is associated with linear hyperplasia.

Basic Lesions: Epidermal Papules

Causes: Infection



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5.4 Pox and parapox virus groups



Molluscum contagiosum

Small round papule with a smooth surface, often shiny, a few millimetres in diameter. There is often a small central depression (crater, often filled with creamy whitish material). These lesion most frequently affect children and can be secondarily accompanied by eczema around the lesion. Molluscum contagiosum is caused by a poxvirus.

Basic Lesions: Epidermal Papules

Causes: Infection



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Multiple mollusca contagiosa

Illustration of the phase of dissemination of the lesions. The topographical predilection for the axilla is characteristic. In some cases the mollusca contagiosa can become inflamed and there can be a superimposed infection. In adults molluscum contagiosum is often found in the genital area. An immunological status check is indispensable in the case of very numerous lesions (especially if found on the face).

Basic Lesions: Epidermal Papules

Causes: Infection



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ORF

Red to violet pseudovesicular papule appearing on the dorsal face of a finger. The incubation period varies from three days to two weeks after contact with a sick animal (usually sheep). Regression without complications in about two weeks. A superimposed bacterial infection is not uncommon. ORF is caused by a parapoxvirus.

Basic Lesions: Dermo-epidermal Papules

Causes: Infection



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5.5 Other viruses



Erythema infectiosum

Maculopapular "butterfly-wing" eruption of the face giving a puffy appearance, like "butterfly wings". The biphasic development of the lesions on the face is typical. ▶

Basic Lesions: Erythematous Macule; Dermal Papules

Causes: Infection



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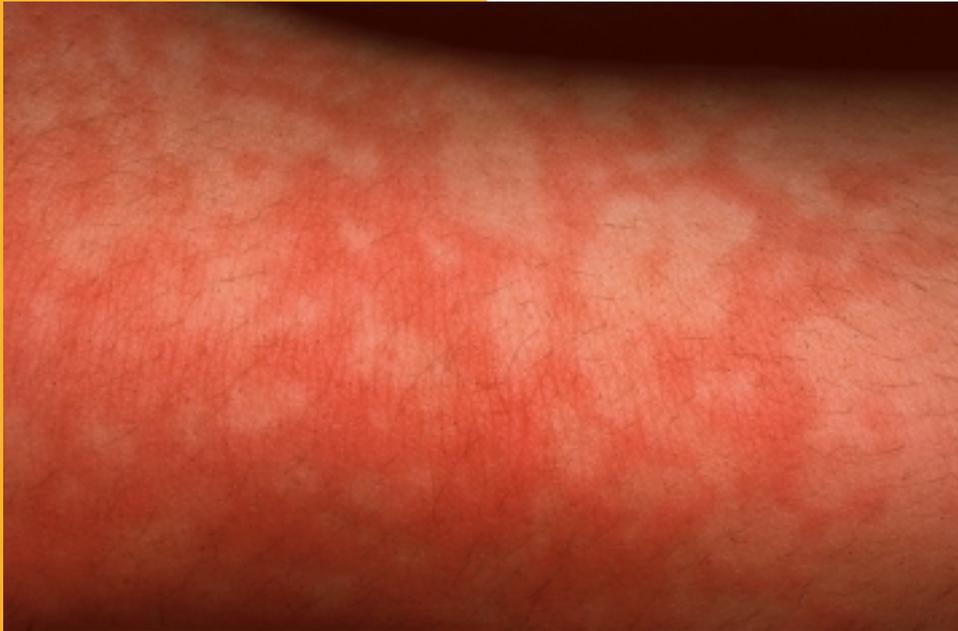
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Erythema infectiosum *continued*

After the second bout there are often numerous pink polycyclic or circinate maculopapules, describing curlicues on the limbs. The eruption disappears in about ten days and is caused by Parvovirus B19.

Basic Lesions: Erythematous Macule; Dermal Papules

Causes: Infection



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Measles

Maculopapular eruption, very pronounced on the face. Enanthema is also present. Some healthy skin areas can always be seen. There is often a superimposed ENT bacterial infection and injection of the conjunctivae. Measles is caused by a paramyxovirus.

Basic Lesions: Erythematous Macule; Dermal Papules

Causes: Infection



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Hand-foot-and-mouth-disease

Intraoral enanthema of the anterior part of the mouth, with small greyish vesicles which rupture very rapidly. The pain caused can make it difficult to eat.



Basic Lesions: Erythematous Macule; Vesicles

Causes: Infection



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Hand-foot-and-mouth-disease

continued

Appearance of small oval vesicles about 3 to 4 millimetres in diameter on the hands and feet. The vesicles are greyish-white and surrounded by an erythematous halo. ▶

Basic Lesions: Erythematous Macule; Vesicles

Causes: Infection



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Hand-foot-and-mouth-disease

continued

There is a vaguely painful sensation. Disappearance is rapid; disseminated lymphadenopathy can be present. Similar lesions are sometimes found on the buttocks. The condition is generally caused by the Coxsackie A16 virus. Other coxsackie viruses may also be responsible.

Basic Lesions: Erythematous Macule; Vesicles

Causes: Infection



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Rubella

Relatively modest erythematous macular eruption accompanied by suboccipital lymphadenopathy with considerable swelling. The pale pink colour and the unobtrusive effect on general health are other features to be borne in mind. In adults and adolescents the symptoms are often more prominent (fever and more pronounced rash). The pathogen is a togavirus.

Basic Lesions: Erythematous Macule

Causes: Infection



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5.6 Signs of AIDS on skin and mucosa



Necrotic herpes zoster

Multiple ulcers developing from necrotic patches. These ulcerated lesions have spread considerably.



Basic Lesions: Gangrene; Ulcers

Causes: Infection



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Necrotic herpes zoster *continued*

After several weeks, the ulcerated lesions have left slightly atrophic cicatrized patches.

Basic Lesions: Scars

Causes: Infection



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Seborrhoeic dermatitis

Seborrhoeic dermatitis, often severe and resistant to conventional treatments, can be seen in the course of an HIV infection. In the present case the involvement of the whole nasal pyramid was the first sign of HIV infection.

Basic Lesions: Erythematous Macule; Scales

Causes: Infection



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Prurigo

In quite a number of cases prurigo-like lesions (excoriated nodules) accompanied (or caused) by diffuse pruritus are observed. The involvement of the trunk is relatively typical.

Basic Lesions: Nodules; Excoriations (or Ulcerations)

Causes: Infection



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Gingivitis

The dentogingival junction is the site of a purulent erythema (presence of fusiform and spiral bacteria). This periodontitis is painful and shows no tendency to regress spontaneously.

Basic Lesions: Erythematous Macule; Ulcers

Causes: Infection



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Molluscum contagiosum

Very numerous mollusca on the face, sometimes with a few lesions which are haemorrhagic in appearance, can be seen in AIDS. The mollusca are generally very deeply embedded in the skin. Curettage is relatively difficult. The mollusca show a marked tendency to multiply.

Basic Lesions: Epidermal Papules

Causes: Infection



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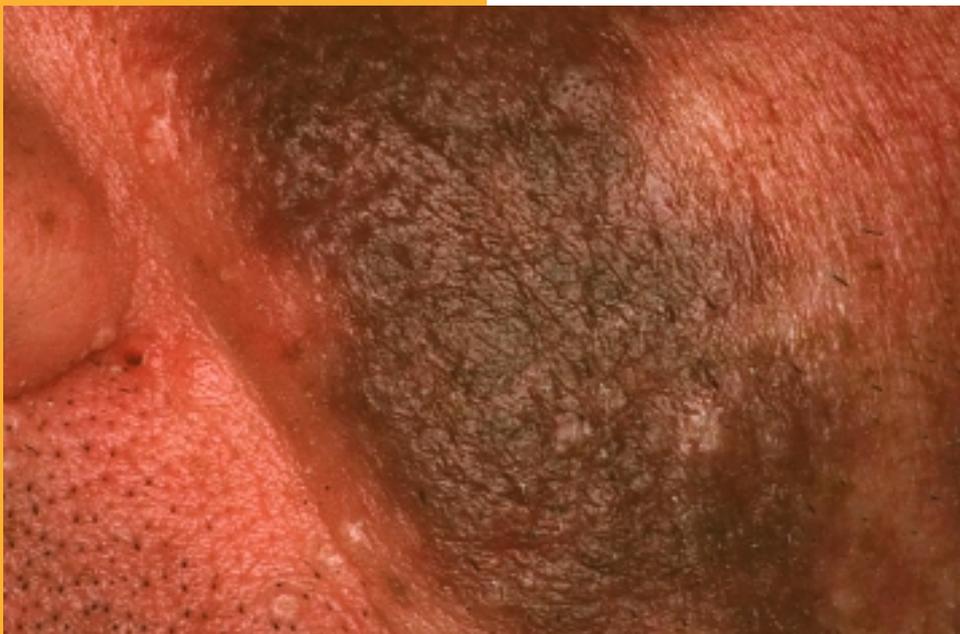
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Kaposi's sarcoma

Purplish angiomatous papular lesion. The preferred involvement of the face is typical in AIDS patients. In the present case Kaposi's nodules are observed side by side with mollusca contagiosa.



Basic Lesions: Dermal Papules; Nodules

Causes: Infection



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Kaposi's sarcoma

continued

Kaposi's nodules can occur in large numbers all over the skin. These nodules keep distinct margins with angular edges. Here again the violet colour is characteristic. The nodules are generally completely painless.

Basic Lesions: Dermal Papules; Nodules

Causes: Infection



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Condylomata acuminata

Abnormally large or rapid spread of condylomata acuminata must always lead to a suspicion that the patient is seropositive for HIV. In the present case the condylomata spread all over the vulva and into the vaginal canal.

Basic Lesions: Vegetations

Causes: Infection



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