UNUSUAL FACIAL MELANOSIS IN VIRAL FEVER

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A wide variety of exanthems may be a manifestation of viral infections that cause viremia. Viruses act as inert foreign

particles, react with circulating antibodies and sensitized lymphocytes producing immune complexes which localize to dermal blood vessels resulting in skin rashes.[1] Factors that influence the areas of distribution of rash and sequence of affected regions are imperfectly understood.[2] We report a series of viral fever cases presenting to us with a peculiar macular pigmentary change (melasma-like) on the malar area of the face with a strong predilection for the tip of the nose.

There has been an outbreak of viral fevers (suspected to be Chikungunya fever) in rural areas of Kolar district, Karnataka, clinically characterized by severe crippling joint aches/pains, generalized maculo-papular rashes and pedal edema associated with high grade fever. During the recovery period, several of these patient's have presented with a very peculiar facial melanosis involving the malar area. We have recorded a series of 30 cases during the peak of the outbreak in the age group of 16 years to 60 years, most of them being males (24 cases). The onset of the pigmentation was abrupt (one to two days duration, often overnight) without any preceding symptoms. Only few of the cases (six) gave history of generalized rashes during the initial stages of the fever, which had totally resolved before the onset of pigmentation. The melanosis was blotchy, dark-brown to grayish coloured macules (melasma-like) distributed over cheeks, alae nasi and tip of the nose (Figs. 1 and 2) and 3 of these patients also had pigmentation on other areas of the face. There were no similar pigmentary changes on any other part of the body apart from the face. All cases presented during the recovering stages of the fever with only persistent pains of weight-bearing joints. The lesions showed a tendency for spontaneous resolution over a period of two to four weeks without any residual pigmentation.

Routine investigations were within normal limits. Histopathology of one case showed focal liquefactive degeneration of basal cell layer and perivascular dermal mononuclear infiltrate with pigmentary incontinence.

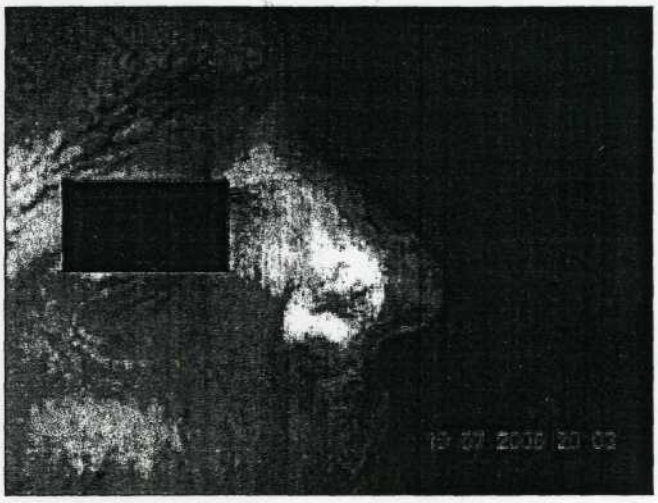

Fig. 1: Blotchy hyperpigmented macules over alae nasi

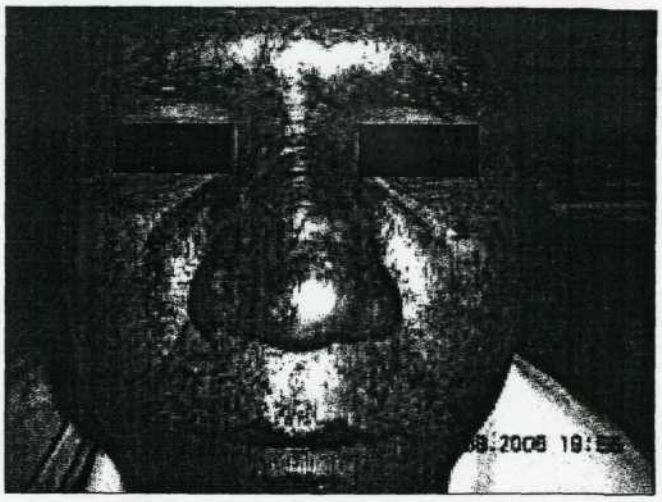

Fig. 2: Extensive slate-grey coloured macules on face

Conclusion

Different types of skin rashes have been reported with viral fevers. In an epidemic of viral fever, currently sweeping through the southern states of India, this unique skin manifestation is being reported. Pigmentation may occur in many chronic infections. With the stimulation of reticulo-endothelial system by chronic infections and consequent reduced adrenocortical activity, enhanced pigmentation of skin can result.[3] Due to lack of adequate testing facilities, confirmation of the exact viral etiology was not ascertained. This unique observation is been reported to draw the attention of other clinicians in the regions affected by the epidemic to the peculiar skin changes on the face.

References

1. Sterling JC, Kurtz JB. Viral infections. *In*: Champion RH, Burton JL, Burns DA, Breathnach SM, editors. Rook's textbook of dermatology. 6th ed. Vol 2. Blackwell Science: Oxford; 1998. p. 998-9.
2. Platt H. Regional variation in susceptibility to virus infections. Br J Dermatol 1969;81:66-71.
3. Wasserman HP. Ethnic pigmentation. Excepta Medica: Amsterdam; 1974. p. 59.