



Herpetic Whitlow

Herpetik Dolama

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An 11-month-old male patient was admitted with swelling, redness and inflammation of the finger. It was learned that the patient started to develop blisters on his fingertip about a week ago and the blisters collected clear liquid over time and progressed gradually. It was observed that there were redness, edema and vesiculobullous skin lesions with blurry fluid covering the middle finger of the right hand, and two vesicular lesions on the palm of the hand. The patient who had finger sucking habit was diagnosed as herpetic whitlow clinically. Intravenous acyclovir treatment was initiated. Because of purulent appearance of the vesicular lesions, ampicillin-sulbactam and clindamycin were added to the treatment for possibility of secondary bacterial infection. There was no growth in bacteriological culture of the drainage material but herpes simplex virus type 1 (HSV-1) DNA was detected by polymerase chain reaction (PCR). The lesions gradually regressed and he recovered without any problem.

Herpetic whitlow is particularly common in children who suck on fingers, often on the index finger, thumb and middle finger of the right hand. Herpetic whitlow, which often develops due to HSV-1 infection, begins after 2-20 days of incubation period with pain and burning sensation at the fingertip, swelling of the fingertip skin, redness, and papulovesicular lesions progress. The lesions usually contain a clear fluid initially and then gradually become cloudy. Herpetic whitlow is generally a self-limiting disease, but systemic acyclovir treatment has been shown to shorten the duration of the disease and prevent an increase in the number of lesions in children.



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