

- ▶ EH is more common in infants and children compared to adults.
- ▶ The preventive care should be taken in terms of infections that can be added to this clinical picture, especially *S. Aureus*.
- ▶ Tzanck smear, which is a simple and fast method, can be used for the diagnosis of EH. Apart from this, direct immunofluorescence (DIF), polymerase chain reaction (PCR) and HSV culture may be used.
- ▶ Antivirals are used in the treatment of EH, and acyclovir is the first choice. In resistant cases, valacyclovir, cidofovir, and foscarnet may be given. Interferon therapy has been reported to be successful in EH treatment. Prophylactic antibiotics may be added against bacterial superinfections.

CONSULT

Infectious Diseases

- ▶ Systemic antiviral therapy is recommended for 10-14 days (especially in immunosuppressed patients) until all mucocutaneous lesions regress. Dose adjustment, and treatment of possible complications (septicemia that may develop due to secondary bacterial infections) can be considered in the opinion of an infectious diseases specialist.

Ophthalmology

- ▶ Ophthalmology specialist should be consulted in terms of ocular involvement when lesions are observed on the eyelid. Corneal ulcers may be detected.
- ▶ Ocular involvement can lead to uveitis, keratitis, and glaucoma if not treated early.

Neurology

- ▶ In severe cases of eczema herpeticum, cases of viremia, meningitis, ncephalitis have been reported, and may result in death. Thus, evaluation by a eurologist may be required.

Internal Diseases

- ▶ In immunosuppressed patients, eczema herpeticum may cause severe hepatitis, and may present with fulminant hepatitis/acute liver failure.
- ▶ In cases where liver toxicity is suspected, internal medicine/gastroenterology specialists should be consulted.

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- ▶ Tanıda basit ve hızlı bir yöntem olan Tzanck yayma kullanılabilir. Bunun dışında direkt immünohistokimya (DİH), polimeraz zincir reaksiyonu (PCR) ve HSV kültüründen yararlanılabilir.
- ▶ EH tedavisinde antiviraller kullanılır ve asiklovir ilk seçenektir. Dirençli vakalarda valasiklovir, sidofovir ve foskarnet kullanılabilir. Literatürde interferon tedavisi ile başarılı olduğu bildirilmiştir. Bakteriyel süperenfeksiyonlara karşı profilaktik antibiyotikler de tedavi rejimine eklenebilir.

DANIŞ

Enfeksiyon Hastalıkları

- ▶ Ekzema herpetikumlu hastalarda 10-14 gün süre ile (özellikle immünsüprese hastalarda) tüm mukokutanöz lezyonlar gerilemeye kadar sistemik antiviral tedavi kullanımı önerilmektedir. Doz ayarlaması ve olası komplikasyonların (sekonder bakteriyel enfeksiyonlara bağlı gelişebilen septisemi) tedavisi için enfeksiyon hastalıkları uzmanının görüşü alınmalıdır.

Göz Hastalıkları

- ▶ Lezyonlar göz kapağında görüldüğünde oküler tutulum açısından göz hastalıkları uzmanına danışılmalıdır. Korneal ülserler görülebilir.
- ▶ Göz tutulumu erken tedavi edilmediği takdirde üveit, keratit ve glokoma neden olabilir. Bu nedenle hastaların yakın takibi gerekli ve önemlidir.

Nöroloji

- ▶ Şiddetli EH vakalarında viremi, menenjit ve ensefalit görülen vakalar bildirilmiş olup ölümle sonuçlanabilir. Bu açıdan hastalar izlenmeli ve nöroloji uzmanına danışılmalıdır.

İç Hastalıkları

- ▶ İmmünsüprese hastalarda ekzema herpetikum şiddetli hepatit tablosuna sebep olabilir, fulminan hepatit/akut karaciğer yetmezliği tablosu ile karşımıza çıkabilir.
- ▶ Karaciğer toksisitesinden şüphelenilen vakalarda iç hastalıkları/gastroenteroloji uzmanlarından görüş alınmalıdır.

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