When Eczema Isn't Just Eczema: A Missed Eczema Herpeticum Clue in an Infant with Fever and Rash

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Abstract:

Background: Eczema herpeticum (EH) is a potentially serious dermatological emergency that may be mistaken for an eczema flare or viral exanthem. Early recognition matters because delayed antiviral treatment can increase morbidity and prolong admission.

Case: An 8-month-old infant with known eczema presented with fever and a spreading rash. Examination showed characteristic monomorphic, punched-out erosions. The initial impression was uncomplicated eczema or a viral rash, and the infant remained in the emergency department overnight for observation. Ongoing review led to recognition of EH, paediatric referral and hospital admission. The child received antiviral therapy and supportive care during a seven-day inpatient stay, with subsequent clinical improvement.

Discussion: Early EH can resemble impetiginised eczema, hand-foot-and-mouth disease or other viral eruptions. Fever, pain, rapidly worsening eczema, clustered vesicles and uniform punched-out erosions should trigger immediate concern. Careful examination of the face and periocular skin is essential because ocular involvement requires urgent ophthalmological assessment.

Conclusion: In any febrile child with eczema and a new vesicular or erosive eruption, EH must remain high on the differential diagnosis. When suspected, systemic aciclovir should be started promptly and same-day specialist advice sought. The central learning point is simple: punched-out lesions plus systemic illness in a child with eczema should never be dismissed as an ordinary flare.

Clinical recognition pathway



Key learning

- High-risk pattern: fever + rapidly worsening painful eczema + uniform erosions.
- Do not wait for confirmation: start systemic aciclovir when EH is suspected.
- Escalate early: same-day dermatology; add ophthalmology if periocular disease is present.
- Reassess uncertainty: a presumed eczema flare that worsens needs diagnostic review.

Reference:

1. Liang BX, Liu K, Yamamoto LG (2025). Outpatient and inpatient management of infants and children with eczema herpeticum diagnosed in the emergency department. Pediatric Dermatology, 42(6), 1149-1155.

2. Jeskey J et al. (2024). Atopic dermatitis: a review of diagnosis and treatment. Journal of Pediatric Pharmacology and Therapeutics, 29(6), 587-603.

3. Traidl S et al. (2021). Eczema herpeticum in atopic dermatitis. Allergy, 76(10), 3017-3027.

4. Aronson PL et al. (2011). Delayed acyclovir and outcomes of children hospitalised with eczema herpeticum. Pediatrics, 128(6), 1161-1167.

5. NICE (2023 update). Atopic eczema in under 12s: diagnosis and management (CG57), recommendations 1.5.1.39-1.5.1.42 and 1.7.1.1.

Biography:

Dr Tanzina Shomy is an NHS Emergency Medicine doctor with broad experience in acute and general medicine and a particular interest in paediatric emergencies, dermatology and patient safety. She holds postgraduate study on MPH and preparing for MRCEM OSCE (Last part examination). Her clinical development includes MRCEM examinations, ALS, APLS, ATLS and core emergency ultrasoun. This case report reflects her interest in translating frontline learning into practical improvements in emergency care.

Dr Sabiha Rekha is an Emergency Medicine doctor working at Sandwell & West Birmingham NHS Trust. She holds an MBBS degree and has completed the Membership of the Royal College of Emergency Medicine (MRCEM). She has a strong interest in acute and emergency care and is committed to continuous professional development, clinical education and improving patient care

Alongside her clinical work, Dr Rekha is actively involved in academic and quality-improvement activities. She has presented work at the Oxford School of Emergency Medicine Conference and continues to develop her portfolio through professional courses, research and conference participation. Her long-term professional interests lie within Emergency Medicine and the development of high-quality, evidence-based acute care.