

LONDON  
SCHOOL of  
HYGIENE  
& TROPICAL  
MEDICINE



LSHTM Research Online

Moylan, A; Karsten, E; Yeung, S; Cleugh, F; (2018) Primary varicella zoster infection with tongue lesions. *BMJ case reports*, 2018. ISSN 1757-790X DOI: <https://doi.org/10.1136/bcr-2018-227265>

Downloaded from: <http://researchonline.lshtm.ac.uk/4650097/>

DOI: <https://doi.org/10.1136/bcr-2018-227265>

**Usage Guidelines:**

Please refer to usage guidelines at <http://researchonline.lshtm.ac.uk/policies.html> or alternatively contact [researchonline@lshtm.ac.uk](mailto:researchonline@lshtm.ac.uk).

Available under license: <http://creativecommons.org/licenses/by-nc-nd/2.5/>

<https://researchonline.lshtm.ac.uk>

Title: Primary varicella zoster infection associated with lesions.

Authors: A Moylan<sup>1</sup>, E Karsten<sup>1</sup>, S Yeung<sup>2</sup>, F Cleugh<sup>1</sup>.

Affiliations: 1 Paediatric Emergency Department, St Mary's Hospital, Imperial Healthcare NHS Trust,  
2 Department of Paediatric Infectious Diseases, St Mary's Hospital, Imperial Healthcare NHS Trust.

Corresponding author: A Moylan, Paediatric Emergency Department, St Mary's Hospital, Praed Street, London, W2 1NY. Alexander.moylan@nhs.net

Keywords: varicella, zoster, VZV, chickenpox, lingual, tongue

Competing interests and funding: The authors have no competing interests or relevant funding to declare.

A four year old girl presented to the Paediatric Emergency Department with a 5 day history of a widespread vesicular rash associated with evolving tongue lesions (figure 1).

On examination, she was systemically well with no fevers. She had extensive white dome-shaped papules on both sides of her tongue. These had reportedly appeared from the second day of her illness as pruritic vesicles which she had chewed on. She described her tongue as sore and had only been managing to drink small amounts. She had a generalised skin rash typical of primary varicella zoster infection with new crops of vesicles continuing to appear.

She had a history of anaphylaxis to nuts and mild eczema that was well controlled but was not on any immunosuppressive therapy and did not have a history suggestive of a primary or secondary immunodeficiency. She had been immunised according to the UK schedule.

We diagnosed her tongue lesions as primary varicella zoster infection. Although of uncertain benefit given the duration of her illness, after discussion with her mother, we discharged her with a course of oral acyclovir and benzydamine spray for symptomatic benefit. A swab of her tongue confirmed the presence of varicella zoster by PCR and was negative for herpes simplex virus.

A search of PubMed using the terms ((lingual or tongue) AND varicella) found no previous reports of primary varicella lesions on the tongue. In this case she found significant benefit from benzydamine spray and her symptoms resolved over the following three days.

Figure 1: appearance of lingual lesions on day 5 of her illness.

