



ROSEOLA INFANTUM

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Roseola infantum, also known as exanthem subitum and sixth disease, is a common viral infection that begins with a sudden high fever (101°F to 105°F) that usually lasts for 2-5 days and ends with the appearance of a rose-colored rash on the neck, trunk, buttocks, extremities, and sometimes the face. It affects both males and females, and is seen most commonly in children from 6 months to 4 years of age.

The cause of roseola is the human herpesvirus 6 or 7. After infection, the virus remains latent and rarely causes disease in immunocompetent patients. However, in patients who are immunocompromised, this virus may cause more serious complications with central nervous system and other organ involvement. Recurrence of roseola infantum is rare unless the immune system is compromised.

It is important to get a thorough history with patients suspicious of having roseola. Sometimes, non-specific symptoms before the rash can occur such as diarrhea, vomiting, sore throat, runny nose, or redness of the eyes. Some children may have febrile seizures during the fever stage due to the sudden increase of body temperature.

The rash in roseola tends to start on the trunk and then spread to the extremities, neck and face. On physical examination, the rash appears as discrete, 1-5 mm, rose-colored, blanchable macules or papules that is sometimes surrounded by a pale halo. The lesions are rarely vesicular. The rash is not itchy and usually self resolves in 1-2 days. Enlarged lymph nodes may be present in the neck or on the back of the scalp. Swelling around the eyes is a common feature seen. Two-thirds of patients with roseola also have Nagayama spots which are erythematous papules found on the soft palate and uvula.

Diagnosis is usually made by a thorough history and physical exam. A physician should be seen to rule out other diseases and skin conditions.

Treatment of roseola infantum is supportive as the disease is self-resolving with usually no complications in the immunocompetent patient. Antipyretics such as acetaminophen or ibuprofen may be used to help bring down the fever. Hydration is also very important. There is no antiviral therapy or vaccination currently available for this virus. A pediatric consultation is warranted for those children who have febrile seizures. Hand washing is important in preventing the spread of the virus as it is transmitted by saliva.

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