

FIFTH DISEASE WITH BIPHASIC CLINICAL COURSE.

D.M.S, female presented at the age of 4.6/12 years with a macular and papular eruption of the lower limbs. There were not fever nor pruritus, but only slight rhinitis.

7 days later, while erythema faded, high temperature (40°) for 1 day and erythema simulating slapped cheek on the face (Fig. 1), sometimes with reticulate pattern on the upper limbs and trunk, appeared. Serological examinations showed slightly increased ESR and neutrophilic leukocytosis, whereas virological studies showed anti-Parvovirus antibodies -IgG 3.14 A.U. (< 0.8 negative) and IgM 1.93 A.U..

3-4 days later, while exanthem was still present in D.M.S., her 5-year-old brother presented slapped cheek erythema of the face and later on macular and papular rash with reticulate pattern on the extensor surface of the limbs and on the trunk (Fig. 2). The presence of anti-Parvovirus antibodies IgG 2.39 A.U. and IgM 1.93 A.U. confirmed the clinical suspicion of **fifth disease** both in the patient and his sister.

Fifth disease is due to human Parvovirus B19. From a clinical point of view, the exanthem usually evolves in three stages (1, 2). The **first stage** is characterized by bright, merging erythema of the face, simulating slapped cheek, often associated with “circumoral pallor”. The **second stage**, occurring 1 - 4 days later, is characterized by generalization of the exanthem, mainly affecting the root of the limbs and tending with days to show a reticulate pattern. The **third stage**, which can last 1 or several weeks, is characterized by a waxing and waning clinical course of the exanthem.

Arthralgias and arthritis can be present (4), as well as anemia and transient aplastic crises, the latter being more frequent in subjects with concomitant hematological disorders (1, 2).

In our case with unusual biphasic clinical course, the responsibility of Parvovirus was confirmed by the family history and serological studies.



Fig. 1



Fig. 2

References

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