A 13-year-old boy with no past medical history of interest was seen at the emergency department for disseminated skin lesions. He had received moderate to severe sunburn 10 days earlier, and an extensive vesicular eruption had appeared 24 hours before the consultation. Examination revealed a large second-degree burn in the interscapular area (Fig. 1A). Numerous disseminated lesions were observed on the chest and back (Fig. 1B), consisting of vesicles with clear content grouped on an erythematous base (Fig. 1C). The patient’s general health was unaffected.

A sample was taken for polymerase chain reaction (PCR) analysis for herpes simplex virus (HSV) and the patient was prescribed empirical treatment with oral valaciclovir (500 mg/12 h) for 7 days together with zinc sulfate applied using a compress. The PCR result was positive for HSV type I, confirming diagnosis of eczema herpeticum. The patient responded favorably until complete resolution of the lesions.

Kaposi’s varicelliform eruption is a disseminated skin infection caused by a virus (frequently HSV), and usually occurs in patients with an underlying chronic dermatosis. It is a serious and life-threatening complication that can lead to bacterial superinfection and sepsis. Antiviral treatment must be established early, accompanied if necessary by antibiotic prophylaxis.