

CONGENITAL VARICELLA-ZOSTER INFECTIONS

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The risk of viral infections in pregnancy is estimated at 5% (Hillemann). The viruses known as particularly dangerous for the fetus are: the rubella virus, the herpes simplex virus and the cytomegalovirus (CMV). The risk of fetal infection by maternal varicella is estimated at 24%; congenital abnormalities occurred in 5% of the fetuses infected in the first and second trimesters of pregnancy. An analyses is made on 3 cases of congenital varicella-zoster virus (VZV) infection (cases of exceptional rarity), from the pathogenetical, clinical and evolutive points of view. The three cases were: 1.- a newborn, from a mother with varicella occurring 4 days before delivery, with neonatal varicella; 2.- a newborn with congenital

varicella, born with generalised polymorphous rash, including dermonecrosis and hemorrhagic scabs; 3.- 7 weeks old infant, with thoracic herpes-zoster, born from a mother that had varicella in the 5th month of the pregnancy. The occurrence of different aspects of the disease after maternal infection during the second and third trimesters of pregnancy demonstrates different responses, according to the immune status of the mother and child. The transplacental transmitted anti-VZV antibodies persist for 6 months or less; the protective antibody titers may rapidly decrease in certain pathological situations. The lack of clinically detectable abnormalities as well as the favourable outcome in our patients do not agree with the available data from the literature, in which extremely severe clinical courses are described in congenital VZV infections. The occurrence of herpes-zoster in a 7 weeks old infant (the youngest reported case so far) could be explained by the concomitant detection of an immunodeficient status (hypogammaglobulinemia, perhaps transient, of the new born). Congenital VZV infections, though not frequent, prompt strict isolation and specific or at least polivalent immunoglobulin treatment.