Letter to the Editor

Dear *Cutis*®:

I am writing regarding the article entitled "Childhood Herpes Zoster" by Papadopoulos et al (*Cutis*. 2001;68:21-23). There are a couple of statements that I think should be modified.

The authors state, "Herpes zoster (HZ) is rare in the pediatric population and is most commonly seen in the immunosuppressed." I am a pediatrician in general practice, and I see 4 to 6 cases every year of HZ in children. That does not make the condition rare. It may be uncommon, but it certainly is not rare.

I also disagree with the author's statement that childhood HZ is most commonly seen in the immunosuppressed. I do not question that this does occur, but of all the cases I have seen, none have been in an immunosuppressed patient. I wonder if the comments made are because most childhood HZ cases are treated by the pediatrician or family physician and are rarely seen by the dermatologist, hence the view that this is a rare pediatric condition.

I also have a statement regarding therapy. The authors describe treating childhood HZ with acyclovir. Of all the cases I have seen through the years, I have probably treated fewer than 5 with acyclovir. The condition is relatively mild in children and rarely requires treatment. I would agree that if an immunocompromised patient presents with this condition, acyclovir certainly would be in order. However, for most children with HZ, acyclovir is unnecessary.

Otherwise, the article is certainly well written and is a nice summary of the condition.

Sincerely,
Richard L. Plumb, MD
Houston, Texas

AUTHOR RESPONSE

We thank Dr. Plumb for his kind words. It is nice to be appreciated. Whether a disorder is better described as rare, uncommon, or unusual is often a matter of semantics. Dr. Plumb's point is a good one, but others characterize HZ (shingles) in childhood as rare.[1-3] A study by Hope-Simpson[4] notes an annual incidence of HZ in healthy children of 0.74 cases per 1000 children younger than 9 years.

Children who develop chicken pox in utero or by exposure to varicella zoster virus at younger than 1 year (as may occur from siblings with chicken pox) have an increased risk of developing HZ during childhood.[2,5,6] The patients that Dr. Plumb describes may have been infected during this period. The patient described in our paper was otherwise healthy, with HZ most likely caused by infection in utero or during the first year of life after exposure to an infected sibling.

Selection bias in our clinics at New Jersey Medical School may favor our impression that there is an increased incidence of childhood HZ among immunocompromised children. Others believe it more common in immunosuppressed than in immunocompetent children.[1-3,5] Kakourou et al[5] showed that 13 of 21 pediatric patients with HZ were, in fact, immunosuppressed. Epidemiologically, it is still uncertain which group is seen more frequently. Our point was that 2 main types of pediatric populations with HZ are seen: healthy children infected subclinically in utero or in the first year of life and children who are immunocompromised. Nevertheless, all children with HZ should be evaluated, with the possibility of immunosuppression carefully considered.

Sincerely,
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