trunk, palm, sole, mucosa, hair, and nails were lesion free. Differential diagnoses included psoriasis, pityriasis rubra pilaris (PRP) (circumscribed type), erythrokeratodermia variabilis (EKV), and progressive symmetric erythrokerato-dermia (PSEK). Clinically, psoriasis (absence of significant scaling and negative Auspitz sign), PRP (absence of any follicular keratotic lesions) and EKV (no history of transient erythematous lesions) were ruled out. Histopathology findings were consistent with the diagnosis of PSEK. This condition is characterized by erythematous plaques that appear shortly after birth, progress slowly during the first few years, and then stabilize in early childhood. The transient migratory erythema that defines EKV is absent. It is transmitted in autosomal dominant manner and mutation in protein loricrin (envelope protein) has been found in one family. There is no specific treatment, though emollients and keratolytics provide cosmetic improvement.

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# Erythema Infectiosum Rash

A 6 year old male child presented with fever with chills and rigor along with vomiting and rash over the face. On examination a erythematous rash was present on face involving cheeks and nose and sparing the lower face (***Fig.* 1**). Rash had spared the trunk and extremties and hepatosplenomegaly was also present. Clinically measles, rubella, drug reaction and some connective tissue diseases present with these features. In measles and rubella, rashes are maculopapular, spread to involve trunk and extremity including palm and soles and commonly they are associated with high grade fever. In drug reaction there is history of drug exposure and moderate to severe degree of itching is associated with rashes which are discrete. In connective tissue disorder onset of rashes is insidious, restricted to face only and often involve mucous membrane. The rashes are photosensitive and are associated with arthropathy. We made a clinical diagnosis of Erythema infectiosum. Parvovirus B19–IgM assay was positive (50 U/mL).

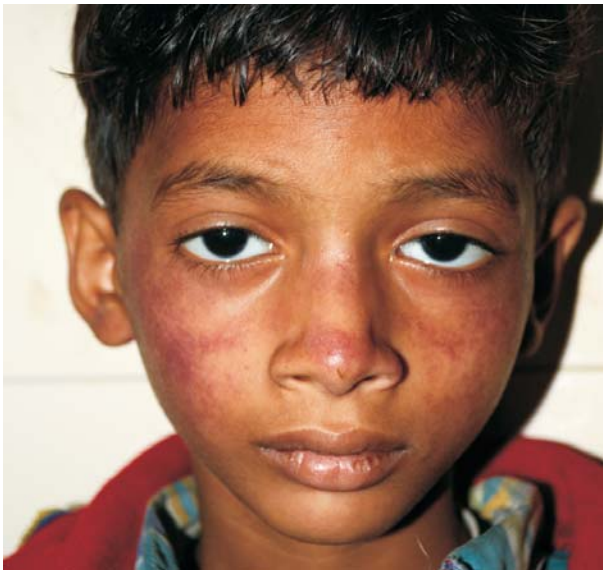

**FIG. 1** *Erythema Infectiosum rash.*

Erythema infectiosum also known as Fifth disease is caused by parvovirus B19 infection. This is a benign, self limited exanthematous illness of childhood. A mild prodome is followed by the characteristic rash which occurs in three stages. It starts with erythematous facial flushing, often described as a "slapped cheek appearance". The rash spreads to involve trunk as diffuse macular erythema in second stage which is followed by central clearing of the macular lesion giving the rash a lacy reticulated appearances. Diagnosis is usually clinical but can be confirmed by B19-IgM assay in acute phase or PCR for viral DNA in immunocompromised patients. This disease is benign and there is no specific antiviral therapy.

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