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## LETTERS TO THE EDITOR

### Acute Parvovirus B19 Infection in Adults

### Parpovirus B19 infección en adultos

*Dear Editor:*

We would like to discuss on the publication on ''Acute Parvovirus B19 Infection in Adults.[1]'' Rodríguez Bandera et al. noted that ''This infection should be suspected on observing signs of purplish skin rashes, no matter the location or pattern of distribution, or vasculitis, especially if accompanied by fever and joint pain in young women in the spring.[1]'' It is no doubt that skin rash is an important clinical presentation of parvovirus B19 infection. However, it should be noted that not all cases present with skin lesion. According to a recent report by Parra et al.,[2] skin rash could be seen in only 58%. The other non-dermatological manifestation that should be known include ''glove-and-socks'' syndrome, red cell aplasia and arthropathy.[3] The dermatologist should not forget to look for those problems in any cases with confirmed parvovirus B19 infection.

## References

1. Rodríguez Bandera AI, Mayor Arenal M, Vorlicka K, Ruiz Bravo-Burguilllos E, Montero Vega D, Vidaurrázaga Díaz-Arcaya C. Acute parvovirus B19 infection in adults: a retrospective study of 49 cases. Actas Dermosifiliogr. 2014, http://dx.doi.org/10.1016/j.ad.2014.06.004 [Epub ahead of print].
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3. Vafaie J, Schwartz RA. Parvovirus B19 infections. Int J Dermatol. 2004;43:747–9.

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### Response to ''Acute Parvovirus B19 Infection in Adults: A Retrospective Study of 49 Cases''☆

### Réplica a «Estudio retrospectivo de 49 casos de infección aguda por parvovirus B19 en adultos»

*To the Editor:*

In response to the previously published *Letter to the Editor*, we would like to thank the authors for their input and apologize for any misunderstandings that may have been caused by our article.

We concluded our article, which was aimed primarily at dermatologists, by saying that acute parvovirus B19 infection ''should be suspected in any patient with a purpuric rash, regardless of its distribution, and particularly if the patient is a young woman, seen in the spring or summer months, with fever and joint pain''. We added that ''the presence of skin lesions, presenting as either nonpalpable purpura (papular-purpuric gloves and socks syndrome) or palpable purpura (probably vasculitis), is particularly suggestive.''[1] We stressed the importance of this dermatologic sign, not only because it was the most common clinical finding in our series, but also because it prompts patients to visit their dermatologist.

That said, at no time did we wish to suggest that cutaneous lesions are the only manifestation of parvovirus B19 infection as, as was also demonstrated in our series, these lesions are present in just 55% of patients.[1]

We also took the article by Parra et al. into account, which, as can be seen, is cited in our study.[1]

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We are afraid that we do not agree that papular-purpuric gloves and socks syndrome is a nondermatologic manifestation of parvovirus B19 infection. As we explain in our article, this syndrome is characterized by ''erythema and swelling of the feet and hands that can cause pruritus, pain, and a burning sensation'' and by ''erythema that is sharply demarcated at the wrists and ankles and that progresses to purpuric lesions that spread centripetally and may be accompanied by mucosal lesions and systemic involvement.''[1]

Finally, we believe that we refer throughout the article to the different clinical manifestations (dermatologic or otherwise) and diseases with which parvovirus B19 infection has been associated, both in our series and in reports in the literature. We drew attention to the potential complications of parvovirus B19 infection, such as chronic anemia in immunodepressed patients, aplastic crisis in patients with hemoglobinopathies, and hydrops fetalis in pregnant women.[1] While none of the patients in our series had severe disease associated with acute parvovirus B19 infection, we did draw readers' attention to isolated reports in the literature of, among others, ''acute fulminant hepatitis, acute glomerulonephritis, acute encephalitis and peripheral neuropathy, myocarditis, and aplastic anemia in immunocompetent patients''. We also mentioned the possible association between parvovirus B19 infection and a range of autoimmune disorders described in the literature. Nevertheless, given the nature of our series, we cannot draw any conclusions in this respect.

We sincerely appreciate the interest the authors have shown in our article and hope to have clarified any misunderstandings that may have arisen. We do, however, believe that any doubts can be dispelled by a careful, in-depth reading of our article, and of course we will be more than happy to hear any further contributions.

## Reference

1. Rodríguez Bandera AI, Mayor Arenal M, Vorlicka K, Ruiz-Bravo Burguillos E, Montero Vega D, Vidaurrázaga Díaz-Arcaya C. Estudio retrospectivo de 49 casos de infección aguda por parvovirus B19 en adultos. Actas Dermosifiliogr. 2014 en prensa. http://dx.doi.org/10.1016/j.ad.2014.06.004

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