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Acute haemorrhagic oedema of infancy

A 6 month old clinically well child presented with a rash and peripheral non-pitting oedema following an upper respiratory tract infection (fig 1). He was diagnosed with acute haemorrhagic oedema of infancy.

Also known as Finkelstein's¹ or Seidlmayer's disease,² acute haemorrhagic oedema of infancy is a benign, self-limiting disease, which generally develops in children less than 2 years of age.

Figure 1 Consent was obtained for publication of this figure.

First described in 1913,³ it has been recognised as a condition with a very dramatic and impressive clinical presentation. Children will have a prodromal illness, which is suddenly followed by the onset of red macules or urticarial lesions. Consequently, symmetrically distributed, large, tender, ecchymotic, purpuric lesions (described in a cockade pattern) appear with non-pitting oedema. It mainly affects the face and extremities, sparing the trunk and mucous membranes. Some areas may even become necrotic. Visceral involvement is rare, whereas the kidneys and joints are spared. Spontaneous recovery occurs within 2–3 weeks. Occasional relapses have been reported.⁴ The differential diagnoses include meningococcaemia, forms of small vessel vasculitis, e.g. Henoch–Schönlein purpura, or reactive erythemas, e.g. erythema multiforme and drug eruption. Since there are no diagnostic laboratory examinations, the history and physical examination provide clues to the successful recognition of the disease. Aetiologically acute haemorrhagic oedema of infancy represents a hyper-

sensitivity, or leucocytoclastic vasculitis, characterised by inflammation of the small dermal vessels with fibrinoid necrosis and extravasation of red blood cells.⁴ Treatment with oral corticosteroids has been reported, but this is unnecessary due to its spontaneous recovery.⁵

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