A 42 year old gentleman presented with high grade fever, fatigue, severe myalgia and skin rash of 3 weeks duration. He complained of severe joint pain over both ankles and knees. On examination he was febrile. Cutaneous examination revealed a blanching erythematous, morbilliform rash over the trunk and extremities. Blotchy hyperpigmented macules were noted over the nose, periorbital area, cheeks and ears. His systemic examination was unremarkable except for tender swelling of bilateral knee and ankle joints. Routine investigations including: complete blood counts, urine analysis, baseline biochemical tests were within normal limits. His Inflammatory markers were elevated with an ESR of 90 mm and CRP of 146mg/dl.

A diagnosis of Chikungunya fever was made based on the clinical picture and serum Ig M Chikungunya ELISA positivity. Chikungunya fever is an endemic arthropod borne disease caused by an Alphavirus. It presents as an acute febrile illness with severe debilitating joint pains. Mucocutaneous manifestations occur in about half of these patients. Some of the mucocutaneous manifestations described include: morbilliform rash, vesiculobullous lesions, lichenoid lesions, erythema multiforme, acrocyanosis, petechiae, xerosis, aphthae and chelitis. The striking post inflammatory hyperpigmentation over the centrofacial area as seen in our patient may even persist for up to 6 months after an attack of Chikungunya fever. The presence of the above points to a diagnosis of Chikungunya fever both during the current episode and retrospectively. In view of this, Riyaz N et al. have given this characteristic pigmentation which is not seen in any other viral exanthem, the name 'Chik' sign. The same has also been described as 'brownie nose appearance'. Increased intraepidermal melanin dispersion / retention triggered by the Chikungunya virus is postulated to be the cause of this hyperpigmentation.

References