

Sixth disease

Template:Infobox - disease

Sixth disease or **sixth childhood disease** (*exanthema subitum*, *roseola infantum*) is a viral infectious disease caused by **human herpesvirus 6** (*HHV 6*), less often *HHV 7*.^[1] The sixth disease is one of the frequent rash diseases of **childhood**. The most affected are children under the **age of three**. The infection is most often transmitted by **saliva** from other family members.^[2]

However, the virus has also been detected in the urine, breast milk and genital secretions of women. Therefore, intrauterine transmission is also assumed.

^[3] After infection, the virus **persists permanently** in the body, just like other herpesviruses.^[1]

Clinical picture

The illness starts **suddenly** with a high **fever** (39-40 °C) that **lasts for several days**. Enlargement of the retroauricular and cervical nodes may occur during fever.^[3] After the fever subsides, a **generalized macular or maculopapular exanthema** appears on the trunk and proximal parts of the limbs. The rash subsides within a few hours to 2 days^[1]. It typically **does not occur** on the face.

 The disease can also occur as a febrile illness **without rash**, with respiratory symptoms, diarrhea and increased irritability^[3] It can be accompanied by **febrile convulsions**.^[2]

Diagnosis

We establish the diagnosis on the basis of clinical symptoms, demonstration of specific antibodies (using the ELISA method) or direct isolation of the virus.



- This disease is often **confused** with measles or rubella, which are far more serious and can be confirmed serologically.
- If the doctor does not think of the sixth disease and prescribes **antibiotics** to treat the fever, the seeding of the rash can be confused with **antibiotic allergy**.^[2]

In the case of drug exanthemas, the rash usually occurs only after 5-10 days. day after the start of drug administration.

Treatment

As it is a viral disease, the treatment is only **symptomatic**. We recommend patients a rest regime, plenty of fluids, or **antipyretics**.

Complications

As **late complications**, the following may rarely occur:

- aseptic meningitis,
- encephalitis,
- hepatitis,
- hematological malignancies,
- infectious mononucleosis syndrome.^[2]

Links

External links

- Pediatrics for practice: Viral rashes of childhood (<https://www.pediatrpropraxi.cz/pdfs/ped/2008/06/03.pdf>)
- Pediatrics for practice: Infectious rash diseases in childhood (<https://www.pediatrpropraxi.cz/pdfs/ped/2009/03/09.pdf>)

References

1. KELBLEROVÁ, Aneta. Infectious rash diseases in childhood. *Pediatrics for practice* [online]. 2009, y. 10, p. 176-179, Available from <<https://www.pediatrpropraxi.cz/>>. ISSN 1803-5264.
2. LISSAUER, Tom – CLAYDEN, Graham. *Illustrated Textbook of Paediatrics*. 3. edition. Spain : Elsevier, 2007. pp.

226. ISBN 978-07234-3398-9.

3. BENEŠ, George, et al. *Infectious Diseases*. 1. edition. Galen, 2009. 651 pp. ISBN 978-80-7262-644-1.

Literature

Literature

- LISSAUER, Tom – CLAYDEN, Graham. *Illustrated Textbook of Paediatrics*. 3. edition. Spain : Elsevier, 2007. ISBN 978-07234-3398-9.
- BENEŠ, Jiří. *Infekční lékařství*. 1. edition. Praha : Galén, 2009. 651 pp. ISBN 978-80-7262-644-1.