A baby girl was delivered prematurely, at 30 weeks’ gestation, by emergency cesarean section owing to deceleration and no acceleration on fetal heart-rate monitoring. In addition, she had severe intrauterine growth restriction, oligohydramnios, and increased peak systolic velocity of the middle cerebral artery on Doppler ultrasonography. The 39-year-old mother (gravida 7, para 5) had been well during the pregnancy. On examination, the neonate was found to have respiratory distress, an extensive rash (Panel A), and hepatomegaly. The rash consisted of purple-to-magenta, nonblanching macules that were 0.5 to 1.0 cm in diameter, as well as papules and petechiae covering her entire body. Laboratory investigation revealed anemia (hemoglobin level, 25 g per liter [normal range, 121 to 191]) and thrombocytopenia (platelet count, 13 × 10^9 per liter [normal range, 195 to 434]). Results of cytomegalovirus (CMV) IgM and IgG tests and both serum and plasma DNA polymerase-chain-reaction assays were positive. Tests for parvovirus B19 and rubella IgM antibodies were negative. Despite aggressive care, the child did not survive. Postmortem examination confirmed disseminated CMV infection. Extramedullary hematopoiesis was present throughout the body, including the skin (Panel B). Dermal hematopoiesis can occur in utero as a result of severe anemia, congenital rubella, parvovirus infection, or CMV infection.

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