

<b>ID/CC</b>	A 10-year-old female Asian immigrant presents with a low-grade fever and coryza of 3 days' duration.
<b>HPI</b>	She also complains of arthralgias and a skin rash that began on her face and spread to her trunk. Her mother says she cannot remember any details of her vaccination history.
<b>PE</b>	VS: fever. PE: maculopapular rash over face and trunk; enlarged post-auricular, posterior cervical, and occipital lymph nodes.
<b>Labs</b>	CBC: leukopenia; thrombocytopenia. Rubella virus hemagglutination inhibition test demonstrates fourfold rise in titer to 1:32.
<b>Gross Pathology</b>	Erythematous skin rash resembling rubeola measles but lighter in color and more discrete; similar distribution pattern in both.
<b>Treatment</b>	Symptomatic treatment.
<b>Discussion</b>	Rubella (German measles) is caused by a togavirus. Live attenuated rubella virus vaccine (part of MMR) should be given to all infants and to susceptible girls before menarche. The course of illness is self-limiting and mild; in females the major implication is the potential for congenital rubella syndrome. Females with rubella can get polyarthritis secondary to immune complex deposition.



Figure 078 Top to bottom spread of discrete pink macules on the trunk.