



HERPES ZOSTER IN AN IMMUNO-COMPROMISED INDIVIDUAL

Dermatology

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ABSTRACT

Herpes zoster is a viral infection of the skin caused by Varicella zoster virus. Usually seen in old age and immunocompromised individuals. It presents as multiple grouped vesicles on an erythematous base. It occurs following reactivation of the virus. We report a 70-yr-old female presented to us with multiple grouped vesicles on an erythematous base over right abdomen involving T5 to T8 dermatomes.

KEYWORDS

Herpes zoster, Varicella zoster virus, Post-herpetic neuralgia.

Introduction:

Herpes zoster which is also called by the name Shingles, is a painful contagious disease which results due to reactivation of varicella zoster virus [1]. This condition is usually confined to a dermatome. This condition starts with a prodromal phase (fever, headache, photophobia) [2] and usually seen in immunocompromised and elderly individuals.

Case report:

A 70-year-old female presented to the skin OPD with complaints of pain and raised fluid filled skin lesions over right side of abdomen for the past 2 days. It progressively increased in size and number. The patient had history of varicella infection in the childhood. No history of fever or malaise. Patient is a known case of diabetes for the past 32yrs and on treatment for the same. Patient was diagnosed to have carcinoma breast 2yrs ago for which right sided mastectomy was done following which she underwent 6 cycles of chemotherapy and 25 cycles of radiotherapy. On general examination patient was afebrile. On local examination multiple grouped vesicles over an erythematous base seen over the right side of the abdomen and the back involving T5 – T8 dermatome. Post mastectomy scar seen on the right side. On palpation tenderness was present. No evidence of lymphadenopathy. All routine investigations done were within normal limits. Biopsy was not performed as diagnosis was made on clinical basis.

Discussion:

Herpes zoster is a viral infection caused by reactivation of varicella zoster virus. This condition is usually confined to a single dermatome [3]. It is characterized by grouped vesicles on an erythematous base which is usually accompanied by constitutional symptoms like fever, headache, pain usually localized to that area. The commonest sites being thoracic, followed by cervical and trigeminal dermatomes. Herpes zoster is usually seen in elderly, immunocompromised and patients who undergo radiation therapy.

When occurs in elderly and patients with low CMI are more likely to develop post herpetic neuralgia [4]. Other complications include lymphadenitis, scarring, necrosis, herpes zoster oticus, facial nerve palsy which might lead onto exposure keratitis and finally corneal blindness.

Tzank smear can be done which will show it acantholytic cells. Skin biopsy shows intraepidermal blister with intranuclear inclusions along with ballooning degeneration of base and reticular degeneration of roof.

Differential diagnoses are paederus dermatitis, contact dermatitis, impetigo, autoimmune blistering diseases.

Patient should be managed with oral antivirals like valacyclovir or acyclovir along with short course of systemic steroids to prevent

complications like post-herpetic neuralgia. Topical capsaicin can help in pain relief.

CONCLUSION:

A diagnosis of herpes zoster should be considered when an elderly patient with immunocompromised state presents with grouped vesicles on an erythematous base. Because prompt commencement of treatment can prevent complications.

Legends to figures:

Figure 1&2: Vesicles with characteristic dermatomal distribution on the right side of abdomen and back with post mastectomy scar seen on right side.

Figure 1



Figure 2:



References:

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