Disseminated Zoster

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Introduction

Disseminated cutaneous herpes zoster has been described in persons with immunosuppression due to Human Immunodeficiency Virus (HIV), hematological malignancy, or chemotherapy.

A 45 years old post renal transplant (6 months) recipient, on immunosuppressive therapy (Tab. Prednisolone 10mg OD, Tab. Tacrolimus 2mg BD, and Tab Azathioprine 50mg OD) developed these skin lesions **(Figure 1,2,3)**. The lesions were characteristic of disseminated zoster. There were no other complications. Complete blood count, peripheral smear, routine biochemistry, liver function tests, and chest x-ray were normal. CD4 and CD8 lymphocyte counts were 1.34×10^9/L and 0.61×10^9/L respectively (CD4:CD8 ratio = 2.2). Serology for Human Immunodeficiency Virus (HIV), Hepatitis A, Hepatitis B, and Hepatitis C were negative and RPR was non-reactive. Tzanck smear of the vesicle material showed multineucleated giant cells. The patient was treated with oral acyclovir 800mg five times per day for 10 days, Oral Pregabaline 150mg twice daily and local application of calamine lotion. Lesions healed after 10 days.

Herpes zoster, also called shingles is the consequence of reactivation of latent VZV from the dorsal root ganglia. It is characterized by unilateral vesicular eruptions within a dermatome. Disseminated cutaneous zoster has been defined as generalized eruption of more than 10-12 extradermatomal vesicles occurring 7-14 days after the onset of classic dermatomal zoster. Incidence of dissemination in the general population is around 2%, but in immunocompromised state it is around 35%. [1,2] Our patient presented with characteristic skin findings of disseminated cutaneous herpes zoster. Dissemination occurred by third day of the eruption.

Patients with cutaneous dissemination of VZV are at risk of infection of visceral organs, particularly lungs, liver and brain. Other complications include corneal ulceration and post herpetic neuralgia [1]. Therefore, identification and aggressive treatment of disseminated herpes zoster infection in immunocomromised hosts is important. The treatment of choice for disseminated zoster is intravenous Acyclovir 10 mg/kg every 8 hours for 5–7 days.

REFERENCES:

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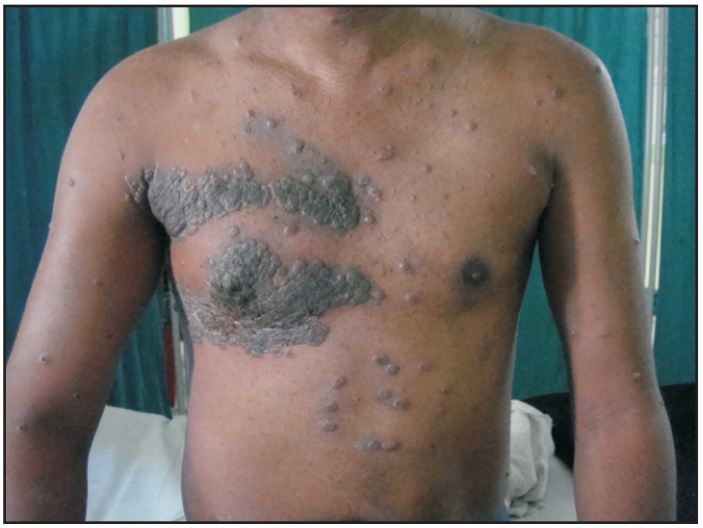

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