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disseminated herpes zoster in an immunocompromised patient

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Introduction & Objectives:

Herpes zoster (HZ), caused by the reactivation of the Varicella Zoster virus (VZV), presents challenges in clinical management, particularly in immunocompromised patients such as those with underlying malignancies. This case report aims to elucidate the clinical presentation, diagnostic challenges, and treatment outcomes of disseminated herpes zoster in a patient with advanced lung cancer undergoing maintenance therapy with Anlotinib, a tyrosine kinase inhibitor.

Materials & Methods:

A 63-year-old male with a history of lung cancer and metastases to bilateral kidneys and bones presented with disseminated herpes zoster involving multiple dermatomes. Clinical examination, laboratory investigations including liver function tests and polymerase-chain-reaction assays, and treatment interventions were documented. Treatment outcomes were assessed based on resolution of skin lesions and clinical improvement.

Results:

The patient exhibited erythematous eruptions and crusting blisters containing bloody fluid involving the left arm, right leg, and back. Despite 20 days of intravenous acyclovir therapy, there was limited improvement in the skin lesions. Polymerase-chain-reaction assays confirmed Varicella Zoster virus in samples obtained from the lesions. Switching to Brivudine led to resolution of the rash within one week.

Conclusion:

This case underscores the importance of considering disseminated herpes zoster as a differential diagnosis in immunocompromised patients with malignancies, especially when presenting with atypical or severe skin manifestations. Next-generation sequencing techniques may offer improved diagnostic accuracy for drug-resistant viruses. Brivudine emerges as a potential therapeutic option for herpes zoster resistant to standard acyclovir therapy, although contraindications must be carefully considered.