

Disseminated Herpes Zoster

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A 67-year-old man with a history of varicella-zoster virus, or herpes zoster, infection and chronic lymphocytic leukemia who recently underwent chemotherapy presented to the clinic with a generalized vesicular rash (image A) that appeared 2 days earlier. The lesions were characteristic of herpes zoster at different stages throughout the body. Laboratory results were significant for a white blood cell count of $70.3 \times 10^3 \mu\text{L}$ with 84% lymphocytes and an IgG level of 423 mg/mL (reference range, 700-1700 mg/mL). Skin biopsy results demonstrated intraepithelial vesicle formation with focal septation and numerous cells with intranuclear type A viral inclusions consistent with herpes zoster (image B). Biopsy results of esophageal ulcers confirmed herpetic esophagitis. The patient received valacyclovir, 1 g every 8 hours for 14 days, and his symptoms completely resolved after several weeks.

Reactivation of herpes zoster is characterized by unilateral vesicular eruptions within a derma-

tome.¹ Disseminated herpes zoster occurs in patients with a history of localized infection and causes widespread skin or visceral lesions.^{2,3} Risk factors include increased age, immunocompromised state, and malignancies.¹ (doi:10.7556/jaoa.2015.034)

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