

HERPES ZOSTER IN AN IMMUNOCOMPETENT PATIENT: A CASE REPORT

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INTRODUCTION

Herpes zoster (HZ) is an infection resulting from the reactivation of the latent Varicella-Zoster virus (VZV), characterized by the appearance of painful or pruriginous vesicular rashes, which generally affect one or two contiguous dermatomes. In the case described below, HZ presented an atypical reactivation, and its discussion is relevant to expand the clinical management related to VZV, recommending an early diagnosis, even in the face of an unusual presentation.

CASE DESCRIPTION

L.A, student, 20 years old, sought medical care after noticing an erythematous, painless and non-pruritic macule, measuring approximately 2 centimeters located on the back of his left hand (dermatome C7) on May 1st, 2022. After evaluation, it was initially suspected of phytophotodermatitis and was prescribed Dozemast (Mecobalamin) 1000 mcg 1 sublingual tablet per day. However, on May 4th, the patient returned to care reporting unresponsiveness to initial pharmacological therapy. Furthermore, his lesions had become painful, in addition to a paresthesia sensation (acute neuritis) at the site of the macules and new vesicular lesions appeared close to the shoulder, corresponding to the C4/C5 dermatomes. To exclude immunosuppression, a hemogram and anti-HIV serology were performed, which were normal. Therefore, treatment for herpes zoster was instituted, with Penvir 500mg every 12 hours for 14 days, with complete remission of the skin lesions after this period and absence of subsequent neuralgia.

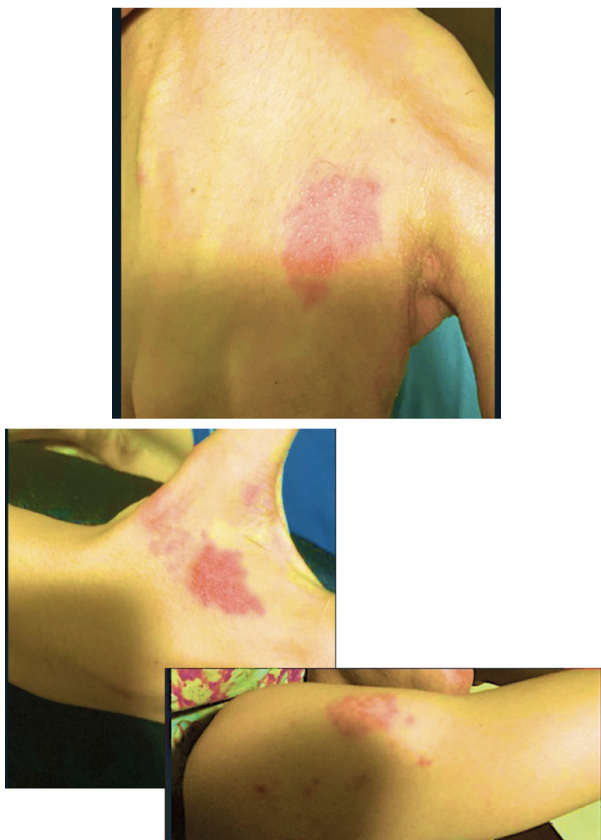


IMAGE: Vesiculopapular lesions in C7, C4 and C5 dermatomes.

DISCUSSION

Herpes zoster commonly presents with pain described as burning and searing and lasts an average of 45 days. In general, the course of the disease is 7 to 10 days, with the rash healing within 2 to 4 weeks. In severe presentations, HZ may persist for months to years. Risk factors associated with reactivation of latent VZV include decline in immunity, related to aging or an immunosuppressive condition, age over 50 years, intrauterine exposure to VZV, family history and patients with comorbidities such as asthma, systemic lupus erythematosus, diabetes and chronic lung diseases, in which the disease tends to have a more severe course and with a greater probability of developing complications.

Among the most feared complications is post-herpetic neuralgia, which consists of pain that appears after the resolution of

the skin rash and can persist for periods of months to years, interfering with the patient's daily activities, causing absence from work, fatigue, depression and loss of independence. Furthermore, HZ also presents neurological complications, such as Bell's palsy, Ramsay-Hunt syndrome, transverse myelitis, transient ischemic attacks or stroke, and ophthalmological complications, which include keratitis, scleritis and uveitis, which typically occur in V1 distribution of the trigeminal nerve.

In this sense, it is important to improve and amplify the means for early diagnosis, paying attention to the patient's perceived level of stress, as it is one of the main triggers of HZ in young people, in the absence of other factors. Furthermore, the diagnosis and effective treatment of VZV reduces the financial impacts on health systems and represents an improvement in the quality of life of these patients.

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