Burn Notice or Zoster Prognosis?

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Introduction

Herpes zoster is a highly contagious acute viral infection confined to adjacent dermatomes with vesicular skin lesions caused by reactivation of the Varicella Zoster Virus (VZV). Disseminated zoster is a progression of herpes zoster with lesions that expand beyond a single dermatome due to hematogenous spread. It is a rare condition typically appreciated in immunocompromised patients (1).

Clinical Vignette

A 70 year old male with a history of untreated CLL, diagnosed in 2009, presented to the emergency department with complaint of left sided facial burns resulting from sleeping adjacent to a hot oil diffuser. He reported the burn to have started as a small, erythemetous ring of vesicles that had spread to cover the entire left half of his face with oral involvement.

Physical Exam revealed:

- Severe blistering, erythematous, rash on left half the face terminating at midline
- Soft and hard palate involvement of left half of the mouth
- Two-millimeter vesicles in different stages of healing dispersed over the body
- Raised erythematous nodular lesions

Labs were as follows:

- White Blood Cells: 414,000
- 98% Lymphocytes
- 2% Neutrophils
- Absolute neutrophils 8,200
- Platelets 244,000

Termination of facial rash in dermatomal pattern (Figure 1), dispersed vesicles (Figure 2), involvement of the hard and soft palates, and the patient's history led to the final diagnosis of disseminated herpes zoster (Figure 3). Vesicular nodular lesions were concerning for a leukemic skin involvement (Figure 4).

Figure 1. Oral Involvement

Figure 2. Forehead

Figure 3. Back Lesions

Figure 4. Arm Lesion

Treatment per burn protocol was discontinued and Intravenous acyclovir and IVIG initiated. Broad spectrum antibiotics and antifungals due to concern for superimposed infection administered. Treatment continued in the hospital for a total of 6 days. The patient developed intermittent aphasia and confusion at which point the family declined diagnostic testing in favor of home palliative care rather than invasive testing to assess for CNS involvement.

Discussion

- Consider the impact of the framing effect when a patient is transferred from another institution or department especially when a request is made for a specialized treatment or care
- Maintaining a broad differential and incorporating all available data will help to avoid cognitive biases of pre-mature closure and diagnostic momentum
- A low threshold for consideration of uncommon infections or less common presentations of common infections in immunocompromised patients is essential
- Prophylaxis of herpes zoster in this population consists of oral acyclovir. (2).

References

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