HERPES ZOSTER ASSOCIATED WITH CHICKEN POX
(A case report)

T. R. KAPUR,* S. S. BHATIA,† AND T. R. S. BEDI‡

Summary

Two cases with combined lesions of Herpes Zoster and Chicken Pox are presented. Each entity can precede the other. It is shown that corticosteroids have no definite role in reducing post herpetic neuralgia, and lesions of chiken pox were not modified by it.

Introduction

In three to four per cent of patients with Herpes Zoster an eruption of Varicella vesicles develop within a few days of the local eruption[1]. It has now been incontestably proved that Varicella zoster virus causes both Varicella and Herpes Zoster[2-5]. There is increased incidence of Herpes Zoster during those months when incidence of chicken pox is high[6]. Ambady et al[3] reported the first case of Herpes Zoster and chicken pox in the same patient in India. Handa et al[5] reported two more cases and reviewed the literature. We report two more cases from the Armed Forces (India).

Case No. 1

An elderly lady of 65 years, mother of one of the authors developed pain on the left side of the back, axilla and chest which was followed by erythema and a papulo-vesicular eruption of Herpes Zoster within 3 to 4 days. After about 48 hours the patient developed disseminated papulo-vesicular lesions over face, forehead, abdomen, thighs, forearms and all over the back. Lesions became pleomorphic and was diagnosed as a case of Herpes Zoster with chicken pox.

Case No. 2

A young soldier was admitted with the history of fever and rashes over face and trunk which became pleomorphic within 48 hours. After about 7 days while still in hospital, he started getting erythema and pain over left side of chest, back and neck. It was followed by appearance of grouped papules and vesicles. The case was diagnosed as chicken pox with Herpes Zoster.

Discussion

Case No. 1 first got Herpes Zoster which was followed by chicken pox within 48 hours but case No. 2 developed Herpes Zoster after chicken pox. Handa et al[5] described two patients with Herpes Zoster who developed chicken pox subsequently. It is well known that chicken pox develops in individuals who have poor resistance and Herpes Zoster in those who have

* Classified Specialist (Derm and Ven)
Military Hospital, Pathankot
† Senior Medical Officer
18 Wing AF C/o 56 APO
‡ Graded Specialist (Medicine)
Military Hospital, Pathankot
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relatively more resistance to the virus. As such it is rational to expect chicken pox to precede Herpes Zoster. The reverse could be explained on the basis of an earlier clinical or sub-clinical attack of Chicken Pox which the patient fails to recollect leading to a negative history. Varicella confers a lasting immunity and second attacks are so rare as to suggest an error in diagnosis. Second attacks of Herpes Zoster are also unusual but have been reliably reported[7]. In most cases only a few Varicella vesicles develop but in our cases these were extensive. In patients with Lymphomas the course of Herpes Zoster may be modified and 2 to 12 days after the onset of the local eruption a generalized Varicella (disseminated Zoster) often develops which may be haemorrhagic and contribute to patients' death[8]. There was no clinical evidence of Lymphoma in our elderly patient. The most common and intractable sequela of Herpes Zoster is post herpetic neuralgia, 10 to 20% of patients over 40 years of age may suffer from this complication which is not influenced by treatment given during the acute stage[9]. Our elderly lady patient was treated with systemic corticosteroids and other supportive therapy but was left with residual post-herpetic hyperaesthesia which gradually improved. Corticosteroids were not administered to the second patient whose recovery was complete.

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REFERENCES

1. Rook A, Wilkinson DS and Ebling FJG: Text book of Dermatology, Blackwell Scientific Publications, Oxford, 1968, P. 766.
2. Simpson REH: Studies on Shingles. Is the virus ordinary chicken pox virus? Lancet, 2: 1299, 1954.
3. Ambady BM, Sugathan P and Pappali C: Herpes Zoster and Chicken Pox in the same patient, Indian J Derm Ven, 32: 132, 1966.
4. James PL: Varicella Zoster virus, J Invest Derm, 61: 212, 1973.
5. Handa F, Aggarwal RR and Pra : G: Herpes Zoster and chicken pox in same patient: Indian J Derm Ven, 41: 233, 1975.
6. Mathur MP, Mathur MK and Saxena HC: Herpes Zoster, A clinical study, JIMA, 49: 237, 1967.
7. Leurer J: Brit J Derm, 69: 282, 1957. (quoted by No. 1)
8. Merselis JG et al; Archs Intern Med, 113; 679, 1964. (quoted by No. 1)
9. Moragas JM, De and Kierland RR; Arches Derm, 75: 193, 1957. (quoted by No. 1)

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