

**CASE REPORT**  
**Occurrence of**  
**HERPES ZOSTER AND CHICKEN POX**  
**in the same patient : A Case Report**

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The relationship between Chicken-pox and Herpes Zoster has received considerable attention in recent years. The pathogenesis of the two diseases and laboratory studies leaves little doubt that they are different responses to the infection with the same virus. Some observers hold that Herpes Zoster is actually an atypical manifestation of the Chicken-pox virus. It has been shown that high antibody titre is present in Zoster in early stages after the onset of the infection and in Chicken-pox such levels are not attained until late in convalescence. This together with the shorter incubation period of Herpes Zoster lead to the suggestion that Zoster is the manifestation of the infection in the partially immune subject. The occurrence of herpes Zoster and Chicken-pox in the same patient is reported by various authors.

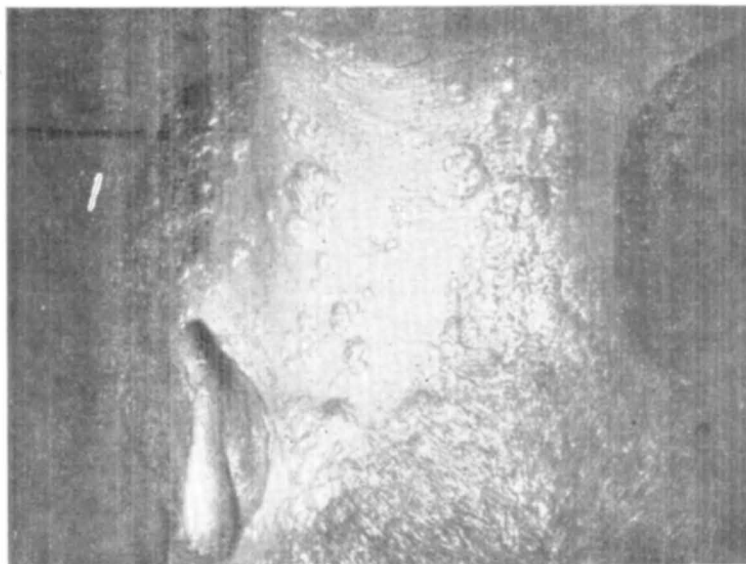


Fig. 1

**CASE REPORT**

A male, aged 49, reported to the Dermatology out-patient with complaints of painful eruption on the right side of the neck of 5 days' duration and painless but

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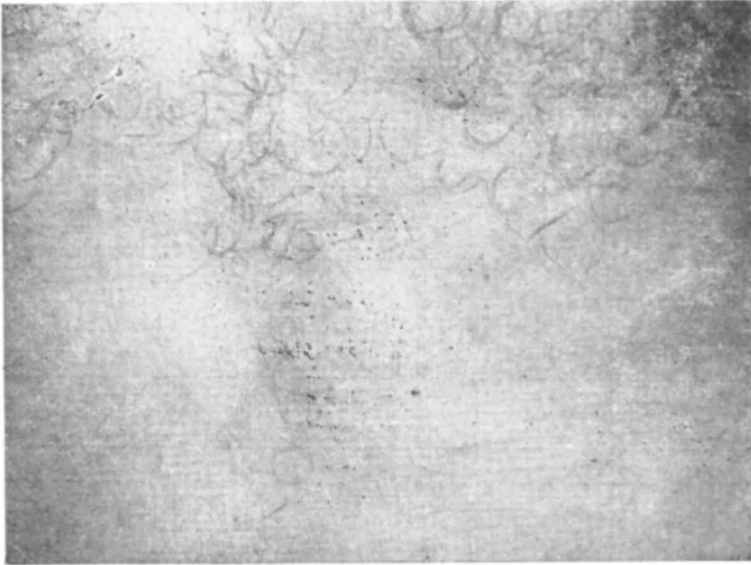


Fig. 2



Fig. 3

similar eruptions on the face, trunk and limbs of 2 days' duration. Previous history revealed a similar eruption with mild fever at the age of 11 (? Chicken-pox) and an attack of (? Typhoid) at 16 years. He had some local application and tablets and decoctions from an Ayurvedic Practitioner, without any relief.

On examination, the patient had a temperature of 100°F, the tongue was coated, P. R. 76/mt. B. P. 110/80. There were large tense bullae and vesicles on an erythematous base with the typical grouping along with the distribution of the right third and fourth and fifth cervical nerves. The lesions involved the scalp upto the lambdoid suture, the whole external ear and the angle of the mabdible. It reached down upto the clavicle in front and along the topmost part of the shoulder behind.

The palate, trunk face and limbs showed clear vesicles various sizes (1-3 mm. in dia.). The genital mucosa was also affected. Fully developed lesions showed an erthematous base. The laboratory investigations showed Hb% 94, RBC : 4.3, mill/cm.m. WBC. 9500/cmm. DC. p. 54, L33, M3, E. 10; VDRL-NE6; Urine-Normal. All the other systems were normal.

Varcelliform eruptions are reported in a small percentage of Herpes Zoster cases. Generalised Zoster usually occurs in association with Lukaemia and Hodkins disease. The possibility of "Vercella like drug eruptions" cannot also be ruled out in this case because what kind of medicine he had from the native Practitioner is also unknown. No bacteriological studies could be done as the patient was not admitted. Clinically, it was a case of Herpes Zoster Rt. C3, 4 and 5 with Chicken-pox.

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