

Hemorrhagic herpes zoster: A rare presentation



Figure 1a: Multiple hemorrhagic bullae and vesicles over the left abdomen and pelvic region

A 20-year-old woman presented with a 2-day history of multiple, painful, fluid-filled lesions resembling a bunch of grapes over her lower abdomen and back. She is a known case of autoimmune hemolytic anemia - Evans syndrome - receiving oral prednisolone for last 1 year. Cutaneous examination revealed closely grouped hemorrhagic bullae and vesicles over her left twelfth thoracic and first two lumbar dermatomal segments [Figures 1a-c]. Blood biochemistry revealed platelet count- $2000/\text{mm}^3$,

How to cite this article: Fernandes S, D'Souza M, Nandakishore B. Hemorrhagic herpes zoster: A rare presentation. *Indian J Dermatol Venereol Leprol* 2023;89:292-3.

Received: April, 2020 **Accepted:** July, 2020 **Published:** March, 2023

DOI: 10.25259/IJDVL_463_20 **PMID:** 33666058

This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.



Figure 1b: Numerous grouped hemorrhagic vesicles and bullae noted over the left hip and upper thigh



Figure 1c: Lesions extending posteriorly to left lower back and gluteal region

prothrombin time - 11 s, prothrombin time-international normalized ratio- 1.06 and activated partial thromboplastin time- 29 s. We made a diagnosis of hemorrhagic herpes zoster based on the characteristic clinical presentation. Immunosuppression and severe thrombocytopenia possibly led to hemorrhagic lesions. Treatment was initiated with oral valacyclovir, oral and topical antibiotics and regular dressings. Supportive therapy with oral steroids and platelet transfusions were administered for treating the underlying autoimmune hemolytic anemia. Following 1 week of antiviral therapy, the lesions started healing with erosions.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

Sonal Fernandes, Myfanwy D'Souza, B. Nandakishore

Department of Dermatology, Venereology and Leprosy, Father Muller Medical College, Mangalore, Karnataka, India

Corresponding author:

Dr. Sonal Fernandes,

Department of Dermatology, Venereology and Leprosy, Father Muller Medical College, Mangalore - 575 002, Karnataka, India.

sonferns007@gmail.com