

DISSEMINATED HERPES ZOSTER WITH MENINGO-ENCEPHALITIS

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A 65-year-old, immunocompetent, male patient developed herpes zoster ophthalmicus associated with a generalized varicelliform eruption and meningo-encephalitis. Meningo-encephalitis was diagnosed on the basis of CSF picture. The patient responded in seven days to oral acyclovir (400 mg five times a day).

Key words : Disseminated herpes zoster, Meningo-encephalitis.

Disseminated herpes zoster of skin with systemic involvement is not uncommon in an immunocompromised host, i.e. in patients having Hodgkin's lymphoma, internal malignancy and in those who are on prolonged corticosteroid or antimetabolic therapy.¹⁻³ This type of disease is rare in an immunocompetent host.^{4,5} We are reporting a case of herpes zoster ophthalmicus with meningo-encephalitis and generalized cutaneous varicelliform eruptions in a patient having normal immunological functions.

Case Report

A patient of 65 years age attended with pain in the left frontal and temporal regions of head with grouped vesiculo-bullous eruptions for the last 2 days. He was diagnosed as a case of left sided herpes zoster ophthalmicus and prescribed symptomatic treatment. After 2 days the patient developed drowsiness, weakness of right upper and lower limbs and retention of urine. On the same day, he developed scattered vesiculopustular eruptions all over the body along with high grade fever.

The patient had a good built, and was well nourished and non-alcoholic. He had been operated for inguinal hernia and benign prostate

hyperplasia 7 years back. He was not hypertensive or diabetic.

Examination revealed typical grouped vesiculo-bullous eruptions of herpes zoster in the ophthalmic division of trigeminal nerve and varicelliform eruptions in other areas of the body. Eye examination revealed only conjunctival chemosis without corneal involvement. General physical examination was normal. His vital parameters were; pulse 92/minute; BP 140/90 mm and temperature 102 degree F.

The patient was semiconscious, responding to painful stimuli, irritable, with a loss of knee, ankle and elbow reflexes on the right side of the body. Plantar reflex was extensor bilaterally, muscle power was of grade III on right side and neck rigidity was absent. No other neurological deficit was found. CVS, GIT and respiratory system were normal on clinical examination.

Routine investigations of urine and stools were normal. Hemogram showed hemoglobin 13 gm%; total leucocyte count 12000/cu mm; differential leucocyte count P 80, L 20 and ESR 45 mm. Blood sugar, urea, creatinine, uric acid, serum electrolytes, ECG and X-ray chest were normal. Blood for malarial parasite was negative and sterile on culture. CSF was clear and under normal pressure; it showed pleocytosis (105 cells per cu mm), mostly lymphocytes and a few neutrophils. Biochemical examination revealed raised proteins (300 mg%), normal

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sugar (26 mg%) and chloride (780 mg%). CSF was sterile on culture. Viral culture was not done because of lack of facilities.

The patient was diagnosed as a case of disseminated herpes zoster with meningo-encephalitis and given oral acyclovir 400 mg five times a day in addition to other supportive therapy. He responded well, the CNS recovered completely on the 7th day, and the skin lesions dried on the 10th day and completely healed in 3 weeks. Acyclovir was stopped after 10 days. There was no post-herpetic neuralgia, or any other neurological deficit upto 12 weeks follow-up.

After recovery, the patient was investigated for lymphoma, Hodgkin's disease or internal malignancy but no abnormality was detected. His T-lymphocyte count was normal. Serum IgG levels were raised. Intradermal test with PPD was normal.

Comments

Cutaneous dissemination occurs in about 40% of patients with Hodgkin's disease and internal malignancy, but it is rare in immunocompetent patients. Among patients with

cutaneous dissemination, there is a 5 to 10% risk of meningo-encephalitis and other complications. However, even in immunocompromised patients, disseminated zoster is rarely fatal.⁶ The cause of dissemination in our patient could not be ascertained as immunological functions were normal and no malignancies were detected.

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