

CASE REPORT

DUAL EPISODES OF HERPES ZOSTER IN A SINGLE YEAR IN IMMUNOCOMPETENT MALE CASE REPORT

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ABSTRACT: Herpes zoster, is a viral disease characterised by painful skin rash with blister in a limited area on one side of body. Varicella zoster virus¹ is the cause of both varicella (Chicken pox) and zoster (Shingles). It initially causes chicken pox and then remains latent for decades in cranial nerve, dorsal root and autonomic nervous system ganglia.² Three genotypes of this alpha – herpesvirus have been identified and shown to have geographical variations.³ The virus gets reactivated after a variable period of time to cause zoster. Recurrences of zoster⁴ are common in immune-compromised patients, those having lymphoma, hiv, diabetes or on immune-suppressive drugs especially the more profound suppression required for bone marrow transplantation.^{5,6} However recurrences are rare in immune-competent individuals. We report here a case of recurrent herpes zoster in a immune-competent male within 1 year of the first attack of herpes zoster.

KEYWORDS: Herpes, varicella, Immunocompetent.

INTRODUCTION: Herpes zoster commonly known as shingles is a viral disease, characterized by unilateral, dermatomal pain, and rash that results from reactivation and multiplication of endogenous varicella zoster virus that had persisted in latent form with in sensory ganglia following an earlier attack of varicella.⁷ It is uncommon in childhood and the incidence increases with age. It affects both sexes equally.

CASE REPORT: 20 yr male presented with 3 days history of painful, grouped vesicular eruption over left C2-C3 dermatome. On examination besides the vesicular eruptions patient was also having scar marks over right C2-C3, V3 dermatome. Complete history was taken, patient had similar painful vesicular eruptions one year back.

INVESTIGATIONS: systemic examination was normal. Routine investigations were normal. HIV and HBS antigen status of the patient was negative. Patient was not on immune suppressants. Liver function tests and kidney function tests were under normal limits.

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**C2-C3 DERMATOME
LEFT SIDE**



**RIGHT C2-C3, V3
DERMATOME WITH SCARS**

DISCUSSION: Varicella (chicken pox) and herpes zoster (shingles) are distinct clinical entities caused by a single member of the herpesvirus family, varicella zoster virus (VZV).¹ It is a neurotropic virus which initially causes chicken pox and then remains latent for decades and causes zoster after reactivation. Cell mediated immunity (CMI) is more important in protection against and control of the infection and reactivation of latent virus. In patients with impaired immunity, both the incidence and severity of zoster are increased, and it is frequently complicated by disseminated cutaneous disease and systemic involvement. This is seen in malignancy, especially lymphomas. Repeated and disseminated zoster eruptions are frequently detected in immune-compromised patients especially those with impaired cellular immunity.⁴ People at risk are those having malignancy especially lymphoma, those on cytotoxic or immunosuppressive therapy^{5,6} & those infected with Human Immuno-deficiency Virus. On the other hand, second attacks of herpes zoster in immune-competent individuals, although described, are rare. The observation that most persons develop zoster only once, if at all, suggests that one episode of zoster may enhance immune response to the levels that are sufficient to prevent recurrences. The exact mechanism of recurrent herpes zoster in immune competent individuals is not known and general & Varicella Zoster specific immune investigations are unlikely to indicate a reason.⁸ Blocking of cell mediated defenses by rising levels of specific antibodies after exposure to exogenous Varicella Zoster virus or by some other mechanism may be a possibility. Recurrent zoster may develop on the site of previous eruption or at a different site. The interval between first eruption and the recurrence may vary from 2 weeks to 25 yrs. Relapses should be treated with systemic acyclovir. However early relapses following shortly after the first attack of herpes zoster treated with acyclovir should be considered as a manifestation of immunity disorder and such cases are treated with other anti-viral drugs.²

TREATMENT: patient was given oral acyclovir 800mg 5 times daily for 07 days. patient recovered completely.

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