

INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

CLINICAL CHARACTERISTICS AND OUTCOMES IN A POPULATION WITH DISSEMINATED HERPES ZOSTER.

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Background: Disseminated herpes zoster (DHZ) was defined as more than 20 skin lesions beyond the primary or adjacent dermatomes.

Objective: To describe the epidemiology, clinical presentation, and clinical course of patients with DHZ.

Materials and Methods: A retrospective cohort study of patients hospitalized in our department of dermatology for DHZ between January 2008 and March 2018

Results: Eighteen patients were included, with an average age of 60.4 years (range 8-87 years), with 55, 56 % men and 44, 44% women. Immunosuppression was reported as a triggering factor in 38.9% of cases. Immunocompromised patients were younger than immunocompetent patients (mean age: 56.14 vs. 63.18 years). The primary dermatome affected was cervical (66, 6 %), thoracic (16, 6 %), lumbar (11, 1 %) and cranial (5, 55%). The main localizations of the vesicles at a distance were the thorax (77, 7 %), neck (77, 7%), face (77, 7 %), upper limbs (50%), abdomen (44, 4 %). A necrotic aspect of the lesions was found in one case. All patients were treated with injectable acyclovir. The average duration of treatment was 8 days. Two complications were noted including infection of the cutaneous lesions (16, 66 %) and temporospatial disorientation (5, 55%). Thirteen patients (72%) developed post-herpetic neuralgia. No cases of relapse or death have been noted.

Conclusions: Although DHZ occurs more often in immunocompromised patients, it rarely occurs in immunocompetent patients as in our series. Our immunosuppression frequency is similar to that reported in the literature (between 10 and 40%). Initial cervical nerve involvement was the most common, which may suggest that these patients are most prone to cutaneous dissemination. DHZ carries a high risk of complications. The treatment of choice is intravenous Acyclovir. Early diagnosis of DHZ and treatment can reduce morbidity and severity of complications.