ABSTRACT BOOK ABSTRACTS



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

TREATMENT OUTCOME OF CERVICO THORACALIS HERPES ZOSTER IN HUMAN IMMUNODEFICIENCY VIRUS (HIV) PATIENT STAGE III: A CASE REPORT

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Background: Herpes zoster (HZ) is a disease caused by reactivation of latent varicellazoster virus (VZV) in posterior dorsal root ganglion. Immunocompromised conditions, including human immunodeficiency virus (HIV) infection, have been known as one of predisposing factor to trigger this disease. The prevalence of HZ rises significantly in HIV population in recent years. HZ is usually resolved without specific treatment. However, antiviral therapy is needed in immunocompromised patients in order to limit visceral organ involvement and prevent disseminated VZV infection. The objective of this report was to present a case of HZ infection in HIV-infected patient clinical stage III treated with oral antiviral treatment and the outcome of the therapy.

Observation: A 37-year-old male patient with HIV infection stadium III presented with painful clustered vesicles on erythematous macule base since three days before with zosteriform distribution on right C3-C4 and T1 dermatomes. There were no lesions in other locations as well as visceral organ involvement. Immunoserological test revealed CD4 value 64 mg/dL, CD4% 90 u/L, and CD8 512 cell/mm3. The patient treated with oral acyclovir 800 mg five times per day for ten consecutive days. Anti-retroviral therapy was also continued in this patient. The lesions were significantly improved at the eleventh day, leaving hyperpigmented macules on the skin.

Key message: Multidermatomal distributions are often presented in HZ with low CD4 count HIV patients. Oral acyclovir therapy yields good outcome in uncomplicated HZ cases.



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