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PHOTOTHERAPY, PHOTODYNAMIC THERAPY

HERPES ZOSTER POST-METHYL AMINOLEVULINATE PHOTODYNAMIC THERAPY FOR INTRAEPIDERMAL CARCINOMA IN AN IMMUNOCOMPETENT PATIENT.

Sharene Chong⁽¹⁾ - Gregory Butler⁽²⁾

University Of Queensland, Diamantina Institute, Brisbane, Australia⁽¹⁾ - Royal Brisbane And Women's Hospital, Department Of Dermatology, Brisbane, Australia⁽²⁾

Background: Herpes zoster is caused by reactivation of latent varicella-zoster virus (VZV) in the sensory ganglia, most commonly seen in the older population and immunocompromised individuals. Clinical manifestations of herpes zoster include a characteristic dermatomal rash, and a proportion of patients will go on to experience postherpetic neuralgia as a complication. Previously, there has been a case report of herpes zoster eruption post photodynamic therapy (PDT) for actinic keratosis in an immunocompromised patient1. We present a case of herpes zoster after PDT in an otherwise healthy immunocompetent patient.

Observation: We report the case of a 48-year-old female who developed herpes zoster over the right upper lip extending to the right cheek and temple, following two cycles of PDT to a right upper lip intraepidermal carcinoma (IEC). This occurred despite valacyclovir prophylaxis. She has previously received PDT to treat actinic keratoses and IECs without any complications. The patient commenced oral antiviral therapy and the rash resolved two weeks later with no further issues.

Key message: PDT is a common treatment modality for actinic keratosis and certain nonmelanoma skin cancers with good results and excellent cosmesis. It is generally well tolerated with common side effects being local erythema, burning or pain. Our case demonstrated herpes zoster as a rare but potentially serious complication after PDT and highlighted the importance of antiviral prophylaxis in selected patient population.

Reference: 1. Manno K and Cohen JL. Temporal association of herpes zoster eruption postaminolevulinic acid hydrochloride photodynamic therapy for actinic keratoses. JDD 2017; 16(8):817-818.





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