

Clinical Image

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Herpes zoster gangrene, ophthalmitis and meningitis

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Abstract

Here we described a case with herpes zoster gangrene, ophthalmic us and meningitis.

Keywords: Varicella-zoster virus; Herpes zoster gangrene; Herpes zoster ophthalmicus; Herpes zoster meningitis.

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Description

A 34-year-old woman with systemic lupus erythematosus treated with prednison presented to the emergency department with a 1-hour history of recurrent seizures, and a 1-month history of pain and progressive skin lesions on right face and head, pain and decreased vision in the right eye. Physical examination revealed coma; unilateral rash and black scab on the right face and scalp, with local suppuration and exudation (Figure 1A and B); cloudy right eyeball (Figure 1B); positive meningeal stimulation sign. Metagenomics Next Generation Sequencing showed positive test for varicella-zoster virus both in cerebrospinal fluid and facial rash secretion. Head enhanced magnetic resonance imaging showed abnormal enhancement of the soft meninges around the brainstem (Figure 1E), extensive thickening and enhancement of the intracranial dura mater (Figure 1F); a patchy subcortical infarction in the right thalamus, accompanied by acute bleeding and hydrocephalus; irregular shape of the right eyeball and choroidal detachment (Figure 1C and D); unclear fat structure in the right orbit. Based on the data obtained thus far, a diagnosis of herpes zoster gangrene, ophthalmicus and

meningitis was made and acyclovir treatment was given [1,2]. Ventricular drainage was performed 3 months later because of worsening hydrocephalus. At follow-up 10 month later, consciousness improved and daily life was basically self-reliant.

Declarations

Funding: None.

Ethics approval and consent to participate: The study was approved by the ethics committee of Peking Union Medical College Hospital (No. I-23ZM0045). The patient provided written consent to publish the case and any related data.

Contributions: Yan Li concept the work and wrote the original draft. Huadong Zhu and Jing Yang reviewed and edited the draft. All authors were involved in direct patient care.

Declarations of competing interest: The authors have no competing interests to declare.

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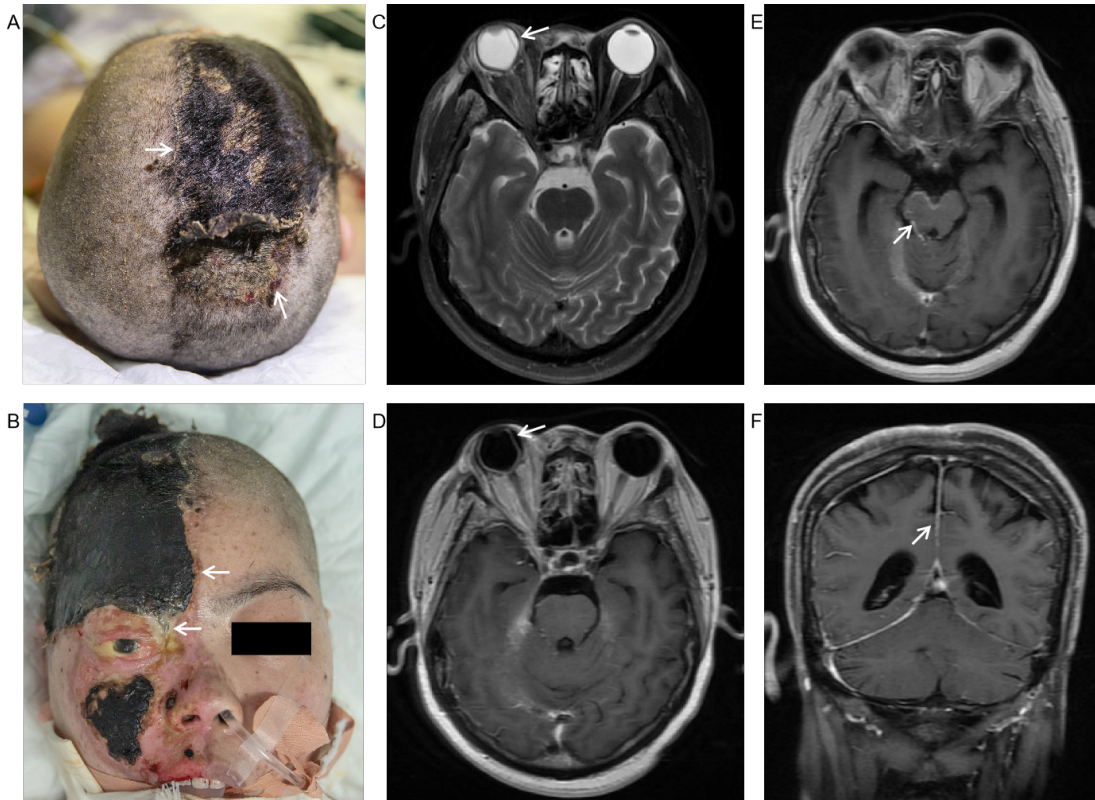


Figure 1: (A) Unilateral rash and black scab with local suppuration and exudation on the right scalp. (B) Unilateral rash and black scab with local suppuration and exudation on the right face and cloudy right eyeball. (C and D) Head enhanced magnetic resonance imaging showed irregular shape of the right eyeball and choroidal detachment; unclear and abnormally enhanced fat structure in the right orbit. (E) Head enhanced magnetic resonance imaging showed abnormal enhancement of the soft meninges around the brainstem. (F) Head enhanced magnetic resonance imaging showed extensive thickening and enhancement of the intracranial dura mater.

References

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