VARICELLA PNEUMONIA

Sivakumar Srinivasan, MD, Rangadham Nagarakanti, MD and Sandhya Nalmas, MD

44 year old Hispanic male with no significant past medical history, recently discharged from prison, presented to the hospital with rash all over the body with itching. The rash started on the face, at the back of the ear and then spread to the trunk and legs. He denied fever, chills, cough, shortness of breath or sick contacts. Physical examination revealed a young, comfortable looking male with stable vital signs except for a temperature of 102 F. Skin examination was significant for maculo-papular rash (Figures 1 and 2) with vesicles and pustules, some of which were crusted, found diffusely over face, chest, abdomen, and extremities yet sparing the palms and soles. Oral cavity also showed mucosal lesions. The laboratory values included WBC count of 7,700/mm³ with 78% segmented neutrophils, Hgb of 15.4 g/dL, ESR of 13, creatinine of 0.8 mg/dL, albumin of 3.3 g/dL, aspartate transaminase of 73 IU/L, alanine

transaminase of 70 IU/L, and lactate dehydrogenase of 924 IU/L. Arterial blood gas on room air showed a PaO₂ of 70. Chest x-ray (Figure 3) showed diffuse bilateral alveolar infiltrates. Chest CT (Figure 4) was significant for wide spread interstitial pneumonia. Serology was positive for varicella zoster IgM antibodies. The patient was treated with intravenous acyclovir 800 mg every 8 hours for 7 days with excellent clinical improvement and without any adverse sequelae. ■

References

1. Mer M Richards GA. Corticosteroids in life threatening varicella pneumonia Chest 114:426-431,1998
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3. Braz J Infect Dis. 2005 Jun;9(3):262-5.

Figure 1. Maculopapular rash with vesicles and pustules on torso.

Figure 2. Maculopapular rash on extremities.

Figure 3. Chest X-ray showing Diffuse Bilateral alveolar infiltrates.

Figure 4. Chest CT showing interstitial pneumonia.