CASE REPORT

Herpes Zoster and COVID 19, coexistence in a non-immunosuppressed patient. Report of a case and brief review about it.

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ABSTRACT

Since the appearance in the world of COVID 19, a multiplicity of clinical manifestations have been reported, involving practically all organs and systems and, among them of course the skin, where multiple pictures have been reported associated to COVID or as a complication of it. Herpes zoster is one of these processes, having been published cases of simultaneous or subsequent appearance to the coronavirus with varied intensity and severity. We report a case of almost simultaneous presentation in a non-immunosuppressed patient treated in our center.

INTRODUCTION

The disease caused by coronavirus 2019 or COVID-19 can present with a variety of general clinical symptoms, among which pneumonia shone with its own light,[1,2] if we add to them the profuse dermatological manifestations that are observed both due to the disease[3] as well as the vaccines for it,[4] we therefore have a very large and varied pathological spectrum, so much so that in the literature at our disposal we count thousands of articles on dermatological manifestations associated with COVID. The first report of cutaneous manifestation by COVID was made by Rivetti in 2020, who noted a diagnostic increase in telogen effluvium in teledermatology consultations.[5] Subsequently, multiple publications of dermatoses related to COVID appear, Among them, the association with herpes zoster as the case that concerns us,[6] and also the appearance of pictures that start delayed in relation to the time affected by the coronavirus is beginning to be noticed.[7] To all of the above we must also add the countless publications on skin pathologies associated with the various vaccines for COVID,[8,9] resulting in the formation of a true chapter within dermatological pathology.

CASE REPORT

A 28-year-old male patient, with no significant personal history, who consulted in July of this year for presenting symptoms compatible with herpes zoster a week before that began with vesicles and scabs on the left ear and hemicara. lower and neck on the same side (Photo 1), following dermatomes C 2-3 (Image 1), with very moderate symptoms. The patient denies pain and refers only a slight burning sensation. Treatment with valanciclovir 3g/d for a week is indicated. Dermoscopy allows to magnify the lesions typical of herpes zoster (Photo 2).

Photo 1. Vesicles, erosions and scabs covering the left neck, face and ear

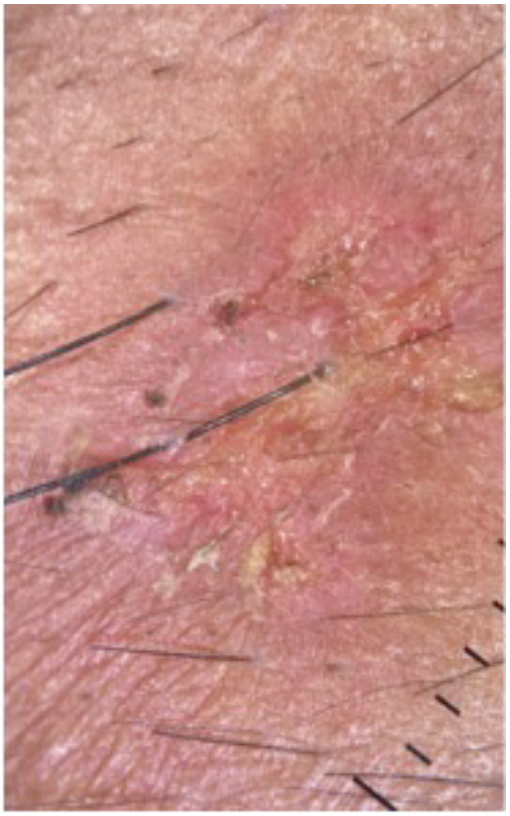

Photo 2. Dermoscopy that allows to observe broken vesicles, erosions and scabs.

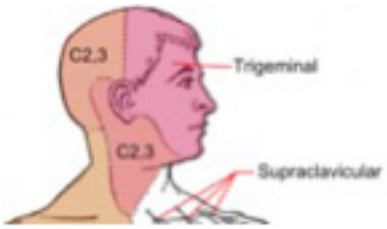

Image 1. Location of the process in our case at the level of the C 2-3 dermatomes.
Graphic taken fromHäggström, Mikael (2014). "Medical gallery of Mikael Häggström 2014". WikiJournal of Medicine 1 (2).DOI:10.15347/wjm/2014.008.ISSN2002-4436.public domain

The herpetic symptoms began on July 4, 2022, the patient had very moderate respiratory symptoms, for which a swab was performed that tested positive for COVID on July 27, 2022. On August 1, the swab was already negative. We must emphasize that the patient had received three vaccinations, the first two with SINOVAC in 2021 and the third booster from Pfizer laboratories in March 2022.

The patient evolved without complications with marked improvement in both conditions.

DISCUSSION

Infection by the varicella-zoster virus (VZV) is responsible for two very frequent skin conditions: chickenpox, which is the initial form of VZV infection that manifests as a diffuse vesicular-type infection. After this initial form, VZV remains latent in the dorsal root ganglia to reactivate at some point in the form of herpes zoster, which is the second form.[10] There is a real controversy about the exact role that immunity plays in protection against VZV infection and since it has previously been reported that VZV infection is accompanied by a reduction in lymphocyte count and that this could lead to VZV reactivation, it is interesting to note that COVID 19 is associated with a continuous reduction of lymphocytes throughout the disease, It is worth asking if there really is a relationship between COVID 19 and a reactivation of VZV[10-12] and, likewise, if herpes zoster could be an alarming sign or a complication of the disease caused by COVID 19. The disease (HZ) It can

present varied clinical characteristics; the distribution is more frequent in the trunk and trigeminal area than in the extremities. The disseminated distribution occurs in 48% of cases, the type of eruption with the greatest observation is vesicular and with much less frequency, necrotic, hemorrhagic, maculopapular or non-specific and the onset of symptoms after COVID revolves around dr 24/25 days after the diagnosis of COVID. Lymphopenia is observed in 40% of cases.[13] There is even a report of herpes zoster duplex associated with COVID, herpes zoster duplex is a fairly rare clinical variety in which two non-contiguous dermatomas are affected, either monolaterally or bilaterally, with symmetric or asymmetric distribution and the authors note that until 2021 there were only 50 cases reported in the bibliography.[14] On the other hand, there are authors who even wonder if herpes zoster could be an indicator of latent COVID 19.[15]

CONCLUSION

We found it interesting to publish this case, first of all because we have many patients with skin manifestations of COVID in our center and we do not report them. Secondly, because there was practically a joint appearance of the two diseases and finally because it is important to know if in a patient with herpes zoster, it is important to investigate COVID, even when their symptoms in this regard are very minimal or do not exist, [that is to say]. have three vaccinations, especially if, as we already mentioned, there are those who think that herpes zoster can be a marker of COVID infection.

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