

Herpes zoster ophthalmicus revealing HIV infection

Imane Couissi, Hanane BayBay, Kawtar El Fid, Meryem Soughi, Sara El Loudi, Zakia Douhi, Fatima Zahra Mernissi

Department of Dermatology, University Hospital Hassan II, Fès, Morocco

Corresponding author: Imane Couissi, MD, E-mail: imane.couissi@usmba.ac.ma

Sir,

Herpes Zoster (HZO) is a dermatomal infection due to the reactivation of the latent varicella-zoster virus (VZV) and affects usually the elderly, especially people over 60 years old.

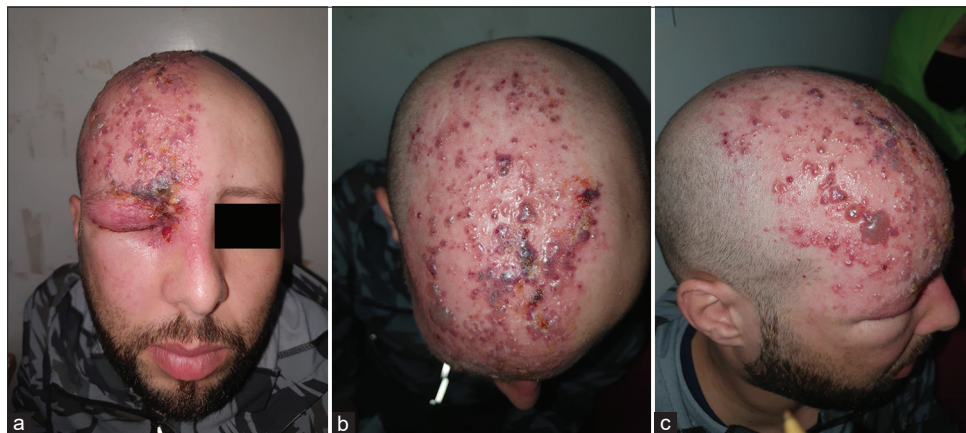
Herpes zoster ophthalmicus (HZO) is a potentially devastating visual disease due to the reactivation of a latent infection of the trigeminal ganglion by the VZV [1].

It is rarely described in the younger population, and its occurrence should draw suspicion and search for predisposing factors especially HIV infection, and other factors such as neoplasm, trauma, irradiation, prolonged steroid therapy, immunosuppression, surgery, or debilitating systemic disease.

HZO affects about 5-15% of HIV patients, the incidence is to be around 3.2% of patients per year.

The risk of ocular complications is 3 times higher in HIV patients than in the general population; however, the complication rate has declined since the start of highly active antiretroviral therapy [2,3].

We report the case of a 37-year-old man with a history of unprotected sexual intercourse, the last one dating back to 4 months before marriage, and recurrent painless genital lesions on the penis dating back to 6 months. He was admitted for treatment of ocular herpes zoster, in whom the dermatological examination found multiple vesicles grouped in a bouquet with sometimes clear and sometimes hemorrhagic contents, confluent in places with hemorrhagic bullae and hemorrhagic crusts on erythematous skin with a metamer arrangement involving the V1 territory, extending from the periorbital region, the bridge of the nose, taking in the right hemi front to the vertex while respecting the median line (Figs. 1a – 1c).



Figures 1: (a-c) Multiple vesicles grouped in a bouquet with sometimes clear and sometimes hemorrhagic contents, confluent in places with hemorrhagic bullae and hemorrhagic crusts on erythematous skin with a metamer arrangement involving the V1 territory, extending from the periorbital region, the bridge of the nose, taking in the right hemi front to the vertex while respecting the median line.

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A standard biological workup and ophthalmological examination were performed and returned normal.

Given the young age of the patient, an HIV serology was performed and returned positive.

The patient was put on injectable acyclovir with good clinical evolution as well as the start of retroviral treatment.

The absence of retinal complications in our case is not surprising considering that the patient had no signs related to AIDS disease. He didn't accuse of any health problems before HZO.

A study called attention to HZO as an early pointer of HIV infection in young Africans.

Therefore, HZO should be regarded as an indicator of HIV infection [4] and must be tested routinely in these patients irrespective of social class and occupational risk and, if positive, refer for appropriate therapeutic management.

Consent

The examination of the patient was conducted according to the principles of the Declaration of Helsinki.

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