

Necrotic bullous herpes zoster revealing a relapse of systemic lymphoma

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Herpes zoster (HZ) is a neurocutaneous disease caused by the reactivation of the varicella-zoster virus (VZV) from a latent infection of dorsal sensory or cranial nerve ganglia after primary infection with VZV earlier in life [1]. Associations between the incidence of HZ and malignancies such as lymphoma, HIV/AIDS, cancer, autoimmune diseases, systemic lupus erythematosus, and rheumatoid arthritis (RA) have been recognized [2]. Diabetes mellitus, hypertension, and congestive heart failure were also reported as risk factors for disseminated HZ in elderly cases of HZ [3].

We report the case of a 68-year-old diabetic, hypertensive male, followed for renal failure for five years and for three years for diffuse large B-cell non-Hodgkin lymphoma in remission for two years. The patient presented himself to the emergency room with a painful rash on the trunk. An examination revealed a rash of hemorrhagic bullous lesions with a patchy detachment and necrotic background in some places. The rash was unilateral with a localized cutaneous dermatomal involvement. We reached the diagnosis of severe HZ in an elderly patient with an immunosuppressive history because of the patient's various diseases. The patient was hospitalized and received intravenous antiviral therapy. During the hospitalization, the discovery of inguinal lymphadenopathy and the performance of a lymph node biopsy revealed the recurrence of the lymphoma.

Consent

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



Figure 1: Blistering and localized necrosis, vesicles typically grouped in a "bouquet" on the periphery.



Figure 2: Extensive skin detachment and peripheral vesicles.

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