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Rare peripheral manifestations help in early recognition and therapy of a Varicella Zoster vasculopathy in HIV infected patients

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Abstract

Introduction: Varicella zoster vasculopathy is a rare, yet fatal disease in HIV patients. Recognizing the peripheral vascular manifestations can help in early diagnosis and prompt treatment.

Case report: A 54 year-old female known with HIV, CD4 count of 254mm/ml and non compliant with antiretroviral treatment, presented with acute onset of fever and altered mental status. On examination, she was febrile and has meningism. A targetoid lesion was noted on the lower extremities. Furthermore, peripheral acute retinal necrosis was seen on fundoscopy. Cerebrospinal fluids (CSF) showed elevated protein, pleocytosis with both red blood cells and lymphocyte-predominant white cells. PCR for HSV was negative.MRI of the brain showed diffuse small vessel infarcts. Skin biopsy revealed erythema multiforme lesions. These findings support the diagnosis of varicella zoster encephalitis and acyclovir was promptly started. Patient clinically improved. Seven days after treatment, the diagnosis of varicella zoster encephalitis was confirmed by the presence of varicella antibody in CSF.

Discussion: Varicella vasculopathy is rare yet well described entity in HIV patients. The diagnosis is often confirmed by the presence of varicella antibody in CSF which may take several days. Clinician should be familiar with the peripheral vascular manifestation of varicella zoster virus as early recognition will prompt treatment and improve outcome.