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# Intestinal efflorescences in disseminated varicella zoster infection

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## DESCRIPTION

A 55-year-old, immunocompromised woman suffering from ulcerative colitis, which had been complicated by toxic megacolon and invasive pulmonary aspergillosis, developed a sudden homogenous, livid, macular exanthema with implied central vesiculation (figure 1A) covering the trunk, limbs and visible parts of the intestinal serosa (figure 1B) during intensive care unit stay. Rapid histological section revealed intraepidermal vesicles with acantholysis and balloon cells reflecting profound intracellular oedema (figure 1C). The clinical diagnosis of disseminated herpes zoster was posed and confirmed by varicella zoster virus (VZV) PCR. Although intravenous treatment with high doses of acyclovir was immediately started, the

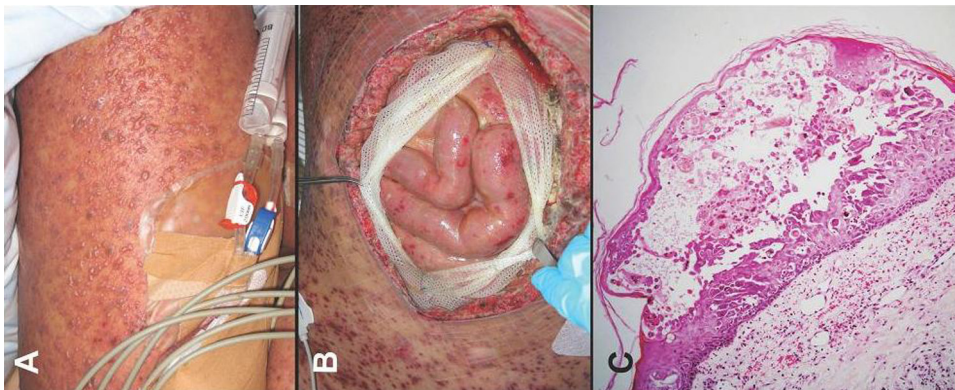
patient died from refractory multiple organ failure 24 days after the development of the skin rash.

## Learning points

- In severely immunocompromised patients VZV infection/reactivation can present in a non-typical way. In case of intestinal efflorescences in patients receiving immunosuppressive therapy, herpes virus reactivation should be considered as a differential diagnosis.

**Competing interests** None.

**Patient consent** Obtained.



**Figure 1** (A–C) Intestinal efflorescences in disseminated varicella zoster infection.

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