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Skin rash and pneumonia in a young male

Parvaiz A Koul,¹ Umar H Khan,² Fayaz A Sofi²¹Internal & Pulmonary Medicine Department, SheriKashmir Institute of Medical Sciences, Srinagar, India;²Internal Medicine Department, SheriKashmir Institute of Medical Sciences, Srinagar, India**Correspondence to** Dr Parvaiz A Koul, parvaizk@gmail.com**DESCRIPTION**

A 35-year-old male smoker presented with a 7-day history of fever, cough and mild breathlessness and an exanthematous eruption that appeared over his entire body, 2 days after the onset of symptoms. Two weeks prior to his illness, two of his children have had chickenpox, having recovered uneventfully. There was no history of vaccination. Examination revealed a febrile, tachypnoeic patient with a diffuse polymorphic skin rash with papules, vesicles and pustules; some showing evidence of crusting (figure 1). Auscultation of the chest revealed diffuse bilateral crepitations. Radiograph of the chest revealed discrete nodular and confluent infiltrates throughout the lung fields more towards the bases and hilar regions (figure 2). Serologic testing for HIV was negative. Based on typical rash, pulmonary symptoms and contact with children with chickenpox, a diagnosis of varicella pneumonia was made. The patient was treated with intravenous acyclovir. Follow-up radiography at 1 week showed marked improvement. The patient had an uneventful recovery. Varicella pneumonia is the most serious complication of chickenpox in adults, being 25-times commoner than in children.¹ Potentially refractory, fulminant respiratory failure can ensue. Patients

with impaired immune status and chronic lung disease are at an increased risk.²⁻³ Long-term complications include a restrictive lung disease with reduced forced expiratory volume in one second and diffusing capacity of lung for carbon monoxide and presence of clinically insignificant calcifications on radiology.¹ Mortalities have decreased over the years from 19% in the 1960s to about 6% in recent years¹ primarily due to better experience with the disease, antiviral chemotherapy and better ventilation facilities.

Competing interests None.**Patient consent** Obtained.**REFERENCES**

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Figure 1 Skin lesions (polymorphic rash). **Figure 2** Bilateral infiltrates in lung fields.

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