A 47-year-old man presented at our hospital (day 1) with a five-day fever of 39°C and a vesicular skin rash on his face and trunk. He had no remarkable medical history, including chickenpox in his childhood. Two weeks prior to coming to our hospital, his child had suffered from chickenpox. The patient had oral aphtha and mild tachypnea of 22 breaths/min, although no hypoxemia was observed. Chest X-ray and computed tomography showed tiny nodules primarily distributed over both middle to lower lung fields (Picture A), indicating transbronchial, lymphatic or hematological spread (Picture B, C). The serum titer of varicella-zoster virus (VZV) IgM (day 1) was positive at 7.69 on an enzyme immunoassay (EIA), and EIA titer increased from 2.6 (day 1) to 34.1 (day 22). The patient was thus diagnosed with VZV pneumonia. VZV pneumonia and herpes simplex virus pneumonia are extremely rare in immunocompetent patients and are well known for being associated with immunocompromised hosts. However, these diseases should also be considered in previously healthy patients (1, 2).

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References