

[PICTURES IN CLINICAL MEDICINE]

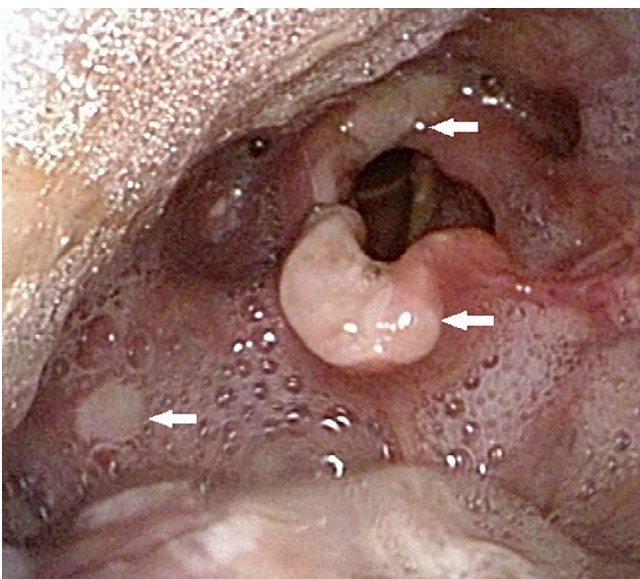
Herpes Zoster Laryngitis with Disseminated Cutaneous Lesions

Hirokazu Kuroda^{1,2} and Ryota Hase²

Key words: varicella-zoster virus, herpes zoster, laryngitis

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Picture 1.



Picture 2.

An 85-year-old man with malignant lymphoma presented with a 3-day history of right-sided progressive sore throat and odynophagia. He had received rituximab three weeks before this presentation. A physical examination revealed no abnormality in the oral cavity or pharynx. Flexible laryngoscopy revealed multiple whitish mucosal lesions on the right side of the epiglottis and larynx (Picture 1). Suspecting varicella-zoster virus (VZV) infection, the intravenous administration of acyclovir was initiated. On day 4 of admission, the patient developed erythematous papules and vesicles throughout the body (Picture 2), indicating disseminated VZV infection. A polymerase chain reaction analysis of the skin lesions revealed positivity for VZV, establishing active VZV infection. The patient completely recovered after

10-day antiviral therapy. Herpes zoster laryngitis, a rare presentation of VZV infection, manifests as unilateral painful mucosal lesions on the larynx (1) and requires specific antiviral treatment and infection control, especially in patients with disseminated lesions. Therefore, the appropriate diagnosis is essential, and VZV infection should be considered in patients, particularly elderly people and immunocompromised hosts, with unilateral sore throat and odynophagia.

The authors state that they have no Conflict of Interest (COI).

¹Department of Infectious Diseases, Kameda Medical Center, Japan and ²Department of Infectious Diseases, Japanese Red Cross Narita Hospital, Japan

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Correspondence to Dr. Hirokazu Kuroda, hrkz1985@gmail.com

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