


CASE IMAGE

Giant cell lichenoid dermatitis within healed varicella zoster site

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Key Clinical Message

There are dermatoses that arise within healed zosteriform sites, such as granulomas annulare, acneiform eruptions, psoriasis, lichen planus, and giant cell lichenoid dermatitis “GCLD.” Nonetheless, graft-versus-host disease should be considered and ruled out, especially in patients post-bone marrow transplant. Herein, we report a case of GCLD manifesting within healed zosteriform sites.

KEYWORDS

dermatology, herpes zoster, lichenoid dermatitis, varicella zoster

1 | CASE IMAGE

A 33-year-old female patient with relapsed acute myelocytic leukemia (AML) underwent allogeneic stem cell transplantation and developed graft-versus-host disease (GVHD) affecting the liver and a history of varicella zoster (VZ) infection involving C2, C3, and C4 dermatomes that was managed with intravenous acyclovir. She presented with pruritic, hyper-pigmented papules over the VZ-healed site (Figure 1). Wickham striae over the oral mucosa were observed. A 4-mm skin biopsy showed

lichenoid dermatitis with giant cells (Figure 2). The patient was managed with topical clobetasol (0.05%) ointment twice daily. At just 1 week’s follow-up examination, the lichenoid eruption had improved significantly.

2 | QUIZ QUESTION: WHAT IS YOUR DIAGNOSIS?

The diagnosis was giant cell lichenoid dermatitis within the healed VZ site. Comedones, granulomas annulare,

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tuberculoid granulomas, sarcoidal granulomas, acneiform eruptions, psoriasis, lichen planus, and lichenoid graft-versus-host disease (GVHD) have all been reported at the site of resolved HZ.¹ Córdoba et al.² reported the first case of giant cell lichenoid dermatitis within HZ scars in post-BMT patients. The diagnosis was based on the presence of numerous multinucleated giant cells in the papillary dermis. The small papules resemble lichen planus (LP), and although it has been described as a possible



FIGURE 1 Lichenified hyper-pigmented scaly plaques distribution over C2, C3, and C4 dermatomes and involving the sites previously affected site by herpes zoster.

dermatological eruption within the HZ site, histopathological evaluation supports the presence of prominent multinucleated giant cells. The wolf-isotopic response, the occurrence of a new dermatosis over an old and healed dermatosis, could occur in patients with previous cutaneous varicelliform eruptions. High clinical suspicion for cutaneous GVHD should be considered, especially in patients post-bone marrow transplant. Clinical correlation along with histopathological confirmation should guide the diagnosis in such cases. The wolf-isotopic response, occurrence of a new dermatosis over an old and healed dermatosis, could occur in patients with previous cutaneous varicelliform eruption. High clinical suspicion for cutaneous GVHD should be considered, especially in patients post-bone marrow transplant. Clinical correlation along with histopathological confirmation should guide diagnosis in such cases.

AUTHOR CONTRIBUTIONS

Yara Alghamdi: Conceptualization; writing – original draft. **Bashaer Almahdi:** Data curation. **Sahar Alsifri:** Investigation. **Hassan Huwait:** Investigation; writing – review and editing. **Abdulhadi Jfri:** Supervision; writing – review and editing.

ACKNOWLEDGMENTS

The patient had agreed to participate and to publish the findings of this research. Written informed consent has been obtained from the patient to publish this report in accordance with the journal's consent policy.

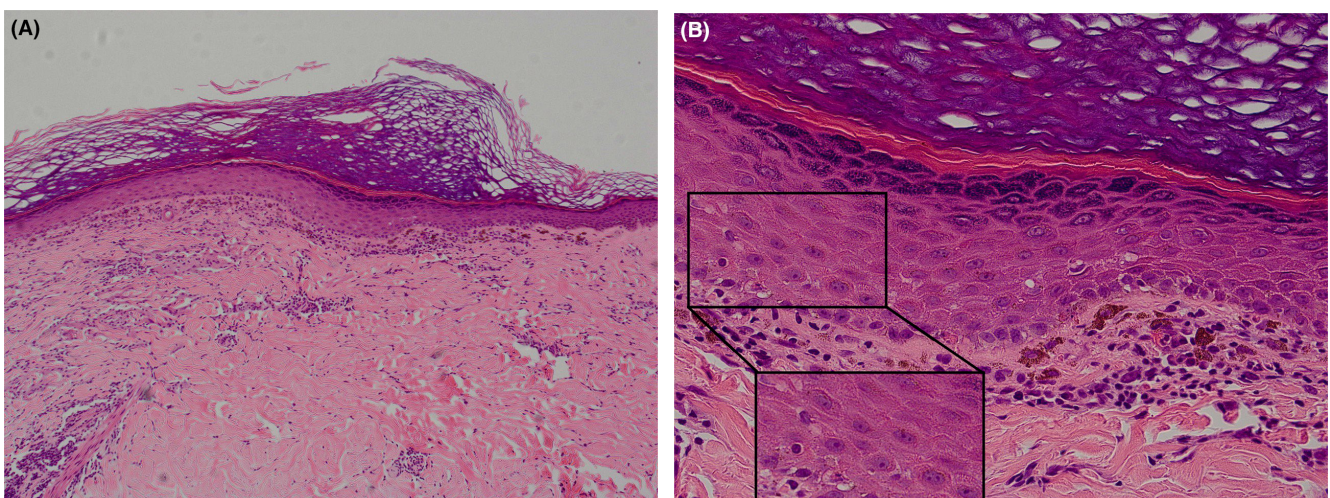


FIGURE 2 (A) Histology showing lymphocytic lichenoid infiltrates with giant cells (inset) and pigment incontinence (H&E $\times 100$). (B) Histology of giant cell and pigment incontinence (H&E $\times 400$).

FUNDING INFORMATION

None.

DATA AVAILABILITY STATEMENT

Data are available on request due to privacy/ethical restrictions.

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How to cite this article: Alghamdi Y, Almahdi B, Alsifri S, Huwait H, Jfri A. Giant cell lichenoid dermatitis within healed varicella zoster site. *Clin Case Rep.* 2023;11:e7585. doi:10.1002/ccr3.7585