

# Multidermatomal Herpes Zoster in immunocompromised patient

Keon Woo Park, Do Hyung Lim, and Soon Il Lee

Division of Hematology-Oncology,  
Department of Medicine, Dankook  
University Hospital, Cheonan, Korea

A 62-year-old male patient visited the hospital, for painful skin lesions on his right thigh, lasting for 5 days. He was treated for pancreatic cancer, with lung and liver metastases. The patient received palliative chemotherapy with FOLFIRINOX regimen (oxaliplatin 65 mg/m<sup>2</sup> on day 1, leucovorin 400 mg/m<sup>2</sup> on day 1, irinotecan 135 mg/m<sup>2</sup> on day 1, and 5-fluorouracil 1,000 mg/m<sup>2</sup> continuous infusion for 23 hours on day 1 to 2, every 2 weeks). Two days after the first cycle of FOLFIRINOX, the patient had painful skin lesions that had grown in size, and bullae formation. After a full skin evaluation, skin lesions with

disseminated vesicles and bullae with erosion, according to dermatome from L1 to L4, on his right thigh were observed (Fig. 1). Although there was no evidence of visceral involvement of zoster, absolute neutrophil count was 800/μL at that time, so we decided on admission as well as administering intravenous antiviral treatment, because the patient was in an immunocompromised state, with risk of progression to disseminated herpes zoster. After acyclovir treatment, the patient improved relative to pain and skin lesions, and he fully recovered. Informed consent was obtained from the patient.



**Figure 1.** Photography of the patient's right thigh (A, front view; B, lateral view) revealed skin lesions with disseminated vesicles and bullae, with erosion according to dermatome from L1 to L4, on his right thigh.

Received: March 15, 2019

Revised : April 10, 2019

Accepted: April 10, 2019

Correspondence to  
Do Hyung Lim, M.D.

Tel: +82-41-550-3294

Fax: +82-41-550-7058

E-mail: dos143@daum.net

[https://orcid.org/0000-0002-](https://orcid.org/0000-0002-3184-1350)

3184-1350

Varicella zoster virus causes primary infection (chicken pox). Later in life, in some individuals the virus reactivates causing secondary infection (herpes zoster). People with herpes zoster, most commonly have rash in one or two adjacent dermatomes (localized zoster). Dermatomes most frequently affected, are thoracic in 55%, and cranial in 20% of cases. The rash does not usually cross the body's midline. Less commonly, the rash can be more widespread, and affect 3 or more dermatomes. This condition is called multi-dermatomal, or disseminated zoster. This generally occurs only in immunocompromised patients with lymphoreticular malignan-

cy or human immunodeficiency virus infection, and in the case of visceral location, can lead to pneumonia, encephalitis, and hepatitis with a 5% to 10% fatality rate, despite antiviral treatment. Herein, we report a case of multi-dermatomal herpes zoster during palliative chemotherapy, in a patient with pancreatic cancer, with liver and lung metastases.

**Conflict of interest**

No potential conflict of interest relevant to this article was reported.