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Varicella pneumonia in immunocompetent adult.

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Background & Aim: 55 year old man comes to our consultation with fever, cough, chest discomfort, and rash blemishes type and vesicles predominantly in trunk, but respecting scalp, palms and soles. His medical history: allergic to penicillin, smoker and did not suffer chickenpox in childhood. Not suffering from diseases, or taking regular treatment.

Method: On physical examination, the patient presented hypotension and fever. On inspection we see a rash with vesicular-papular lesions in different developmental stage that respects palms and soles. In cardiorespiratory auscultation: inspiratory crackles in both lung bases. The rest of the exploration without findings. We performed an electrocardiogram (sinus rhythm at 97 bpm, with J-point elevation in I-aVL, and decreased PR interval) and a chest X-ray, where we see an increase in interstitial infiltrates in both lung bases. Suspecting a complication of chickenpox, we refer him to Emergency Service for additional tests and treatment. The analytical results were leukocytosis and neutrophilia, C-reactive protein 20 mg/dl (0-0,5mg/dl), without other changes. VZV serology IgM and IgG positive, other serologies negative. Tzanck tests positive. The patient was treated with intravenous acyclovir and levofloxacin to prevent secondary infections associated with favorable outcome and resolution of symptoms after 7 days.

Results: Varicella pneumonia.

Conclusions: In immunocompetent children with varicella, pneumonia remains an uncommon complication; in contrast, pneumonia accounts for the majority of morbidity and mortality seen in adults with varicella, although it is infrequently seen since the introduction of vaccine. In immunocompetent adults, varicella pneumonia has a reported incidence of about one in 400 cases and carries an overall mortality of between 10 and 30 percent. Risk factors linked to the development of varicella pneumonia include cigarette smoking, male sex, pregnancy and immunosuppression. Early intravenous acyclovir administration has been associated with clinical improvement and resolution of pneumonia.