A Rare Case of Varicella Pneumonia with Acute Coronary Syndrome and Lower Limb Arterial Thrombosis

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Abstract

Unlike in children, where chickenpox is generally a non-complicated disease, adult chickenpox (varicella) can have serious complications. Thrombotic complications of the varicella zoster are rarely observed. There is one case report of varicella complicated by myocardial infarction. We present a case of adult varicella who developed complications of peripheral artery thrombosis as well as acute coronary syndrome, requiring angioplasty.

Introduction

Chickenpox (Varicella) is a benign illness caused by Varicella-Zoster virus and primarily manifests in childhood and is quite infrequent in adults. Most complications and serious cases are observed in adults [1]. These include pneumonia, encephalitis, cardiac arrhythmias, seizures, rare neurological sequelae including optic neuritis and transverse myelitis [2]. Thrombotic complications of the varicella zoster are rare [3,4]. A variety of hematological complications including thrombocytopenia, purpurafulminans and disseminated intravascular coagulopathy have also been reported in children with varicella [2-4].

Case Report

A 38 years old nonsmoker male was admitted with a vesicular rash over the face, chest and abdomen since 3 days. There was associated low grade fever (100 F) and dyspnea at rest. He had a blood pressure of 120/60 mm Hg, pulse at 118/min, respiratory rate of 32 and Saturation (SpO₂) of 88% on 6 litres oxygen via face mask. His ABG revealed hypoxemia with a pH of 7.45, pO₂ of 58.1 mmHg, pCO₂ of 36mmHg. Chest radiograph revealed bilateral nodular opacities with specks of calcification (Figure 1). His past and family history was unremarkable. His Complete blood count revealed leucocytosis, kidney and liver function tests, Lipid and thyroid profile were within normal limits.

Contrast CT thorax with CT pulmonary angiography was suggestive of bilateral pneumonia (Figure 2). Patient was treated as varicella pneumonia and initiated on acyclovir along with non-invasive ventilation and supportive intensive care. Tzank
smear from vesicles revealed multinucleate giant cells (Figure 3). Blood and urine cultures were sterile.

Patient was initiated on intravenous heparin infusion with APTT monitoring. A coronary angiography was also performed which revealed double vessel disease having long segment stenosis (90%) in mid portion in Left anterior descending (LAD) and right coronary artery (70% stenosis). Percutaneous transluminal angioplasty (PTCA) to LAD was done. Thromophilia profile (Protein C, S and Antithrombin III) and Lupus anticoagulant antibody were within normal range. Vasculitis markers like Anti-nuclear antibody (ANA), Anti-nuclear Cytoplasmic antibodies (cANCA, pANCA) were negative. Gradually his limb perfusion improved and cardiac status stabilized. A Review Transthoracic Echo-Doppler post PTCA done on the 8th day showed no regional wall motion abnormality and normal cardiac ejection fraction. Follow-up Doppler of Lower limbs showed no evidence of thrombosis. The patient was stable and discharged after 10 days of hospitalization.

Discussion

Chickenpox is an extremely common illness, with about 90% of the population seropositive by the age of 15 [2]. It is uncommon, but more severe in adults with an increasing number of deaths being reported hospitals [5,6]. Pneumonia...
A Rare Case of Varicella Pneumonia with Acute Coronary Syndrome and Acute Limb Ischemia, Stroke or ACS depending upon the vessel involved. Clinicians should be well aware of these serious complications for early recognition and prompt therapeutic management. Above case is also important with respect to timing of complications. Thrombotic complications are usually delayed, but can occur in acute phase also.

**References**


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