



Pathology Page

Herpes zoster

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A man 48 years of age presented with advanced gastric cancer. He had developed numerous hemorrhagic vesicles on his left thigh (Fig. 1A). He died of sepsis and an autopsy was performed. Histopathology showed intraepidermal hemorrhagic vesicles with basophilic herpes virus inclusion bodies that were diagnostic of herpes zoster (Fig. 1B). The first exposure to the varicella zoster virus produces chickenpox, an acute systemic

illness that has a dominant feature of generalized vesicular skin eruption. The virus then becomes latent, and its reactivation in ganglion cells later in life, especially in conditions of immune suppression, causes herpes zoster. The virus travels down the sensory nerves of a single dermatome. It then infects the corresponding epidermis, producing a localized, painful eruption of vesicles.

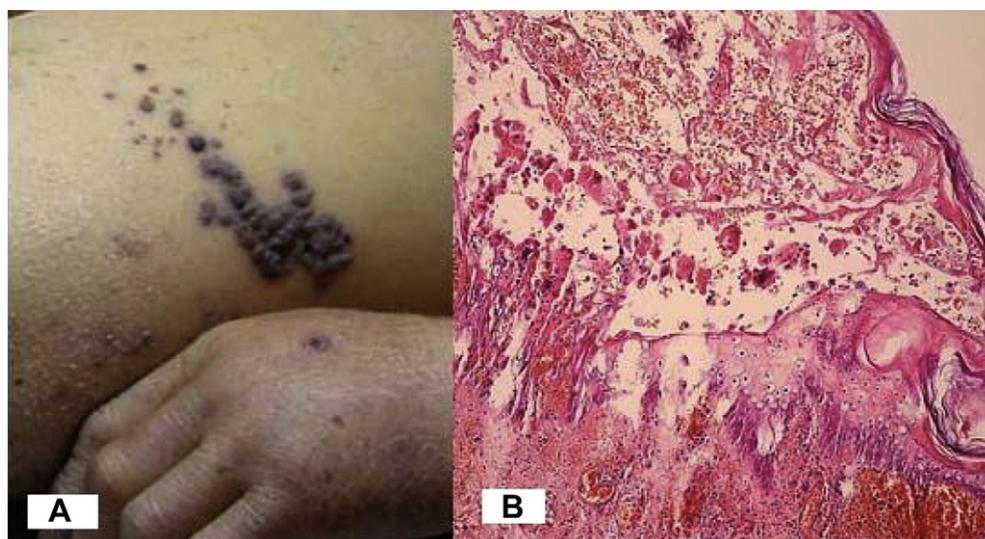


Fig. 1. (A) Numerous hemorrhagic vesicles with a linear arrangement; (B) histopathology shows intraepidermal hemorrhagic vesicles with giant cells and inclusion bodies (hematoxylin and eosin $\times 100$).

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Further reading

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