

## IMAGES

### Slow-growing herpes zoster lesion as the first sign of human immunodeficiency virus infection

#### *Herpes zóster de evolución tórpida como primera manifestación de una infección por VIH*

Juncal Ruiz Rivero

A 35-year-old woman with unremarkable medical history consulted the emergency department for pain in the left side and flank during some hours, along with cutaneous lesions in the form of vesicles grouped on an erythematous background, of metameric distribution on T10-T11. With the diagnosis of herpes Zoster, the patient started on valaciclovir 1 g every 8 hours for a week, zinc sulphate 1 / 1,000, fusidic acid cream 2 times a day and paracetamol 1 g

every 8 hours. Despite correct compliance, the patient had to return to the emergency department due to lesion progression and pain which did not subside in spite of increased dose analgesic. Given this unfavorable response, immunodeficiency was suspected. Hemogram showed marked lymphopenia, and the rapid HIV test performed in the emergency department was positive, a result which was confirmed later.



**Figure 1.** Skin lesions typical of herpes zoster, with dermatomal distribution (T10-T11).

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