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Post-herpes Zoster Scar Sarcoidosis

Sir,

CASE REPORT

A 70-year-old white woman presented a papular zosteriform eruption on her right upper thorax and right arm. Shiny, erythematous-purplish or flesh-coloured papules 2 – 3 mm in diameter were observed, isolated or closely arranged in little plaques (Fig. 1). The patient complained only of mild itching; no systemic signs and symptoms were referred. Two months earlier the patient had a C5 – C6 right brachial palsy due to brachial herpes zoster. The histopathological pattern of a papula showed a dermal non-caseating granulomatous infiltrate with giant Langerhans-like cells and sclerosing evolution indicating scar sarcoidosis. Further clinical and laboratory investigations failed to reveal systemic sarcoidosis. Chest roentgenogram and liver ultrasonography were normal; X-ray of the hands and feet did not reveal osteolytic alterations. Spirometry and ophthalmology examinations were negative, as well as Mantoux test and skin tests.

DISCUSSION

The infiltration of scar tissue by non-caseating granulomas is a well-recognized form of cutaneous sarcoidosis (1 – 3). To our knowledge, it has been reported to occur in the site of previous herpes zoster only in one case (1).

Most of the patients with scar sarcoidosis have other systemic manifestations, particularly pulmonary changes; scar infiltrates may appear early in the disease or before parenchymal changes. Changes in scars in patients with sarcoidosis in remission may indicate exacerbation of the disease or may even be a marker for recurrences of thoracic sarcoidosis (4). A careful and prolonged follow-up in these patients is strongly recommended due to the potential risk of developing systemic sarcoidosis.

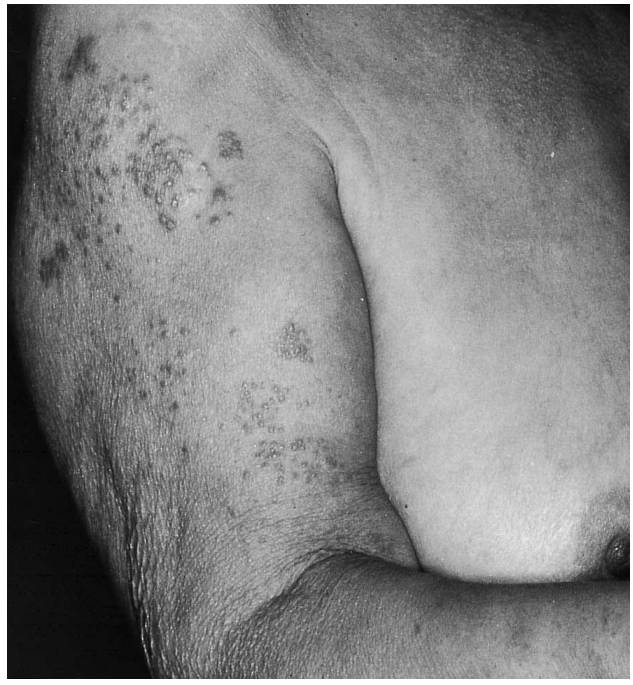

Fig. 1. Papular zosteriform eruption of the right arm.

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