A 42-year-old Korean woman presented to the emergency room with severe epigastric pain and anorexia lasting for 7 days. She had developed a papulovesicular skin rash that began on the trunk and then spread to the face and limbs, accompanied by 3 days of fever and myalgia, 7 days prior to presentation. The woman had been diagnosed with chickenpox and treated with intravenous acyclovir (started on the first day of skin eruption) for 7 days at an outside clinic. Her medical history was not significant for immune abnormalities, disruption of mucosal integrity, or immunosuppressant medication, including non-steroidal anti-inflammatory drugs. Her vital signs were stable and an abdominal and chest examination normal except for the generalized papular rash that had crusted over (Fig. 1).

Laboratory tests and a simple abdominal X-ray were normal except for the generalized papular rash that had crusted over (Fig. 1). Laboratory tests and a simple abdominal X-ray were normal except for the generalized papular rash that had crusted over (Fig. 1). A rapid urease test for Helicobacter pylori was negative.

The patient was treated only with an oral proton pump inhibitor, and the acyclovir was discontinued. Histopathological examination of the biopsy specimen was suggestive of non-specific acute gastritis without inclusion bodies (Fig. 3). However, polymerase chain reaction (PCR) for varicella zoster virus was positive, but culture was negative (Fig. 4). Follow-up endoscopy performed 1 week later showed marked improvement compared with the initially examined lesions, with symptom resolution. Follow-up endoscopy performed 2 months later showed normalization of the gastric mucosa.

Varicella zoster gastritis in immunocompromised patients is rare, and has never before been reported in an immunocompetent adult. This is the first reported case of PCR-proven varicella zoster gastritis in an immunocompetent adult woman [1–3].

Competing interests: None

D. G. Kim, W. Moon, C. S. Lim
Department of Internal Medicine, Kosin University College of Medicine, Busan, Korea
References

Bibliography
DOI http://dx.doi.org/10.1055/s-0032-1310035
Endoscopy 2012; 44: E381–E382
© Georg Thieme Verlag KG Stuttgart · New York
ISSN 0013-726X

Corresponding author
W. Moon, MD
Department of Internal Medicine
Kosin University College of Medicine
34 Amnam-dong
Seo-gu
Busan 602-702
Korea
Fax: +82-51-9903005
moonone70@hanmail.net

Fig. 3 Histological findings for the gastric erosive lesions, showing non-specific acute gastritis without inclusion bodies (× 400).

Fig. 4 Polymerase chain reaction (PCR) of the endoscopic gastric biopsy specimen, showing positivity for varicella zoster virus.