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Medical Imagery

Hemorrhagic shock resulting from varicella zoster gastritis in a non-immunocompromised patient



An 82-year-old woman was admitted to the intensive care unit with hemorrhagic shock due to severe upper gastrointestinal bleeding. Her medical history was unremarkable except for an old breast cancer. One week before, she had developed papulovesicular eruptions of the face, trunk and extremities, together with abdominal pain and vomiting. She had been diagnosed with varicella with gastrointestinal involvement. After initial resuscitation, requiring fluid infusion, massive blood transfusion, high dose vasopressors and mechanical ventilation, an emergency esophagogastroduodenoscopy was performed (Figure 1A) and revealed a large blood clot covering the entire gastric area (Figure 1A, upper panel), together with an active bleeding (Figure 1A, lower panel), which were treated by local epinephrine injection. The cause of bleeding was not

identified and gastric biopsies were not obtainable. A follow-up endoscopy performed 24 h later showed multiple small erosions and ulcerations, with slightly raised erythematous margins, involving the greater tuberosity (Figure 1B, upper and lower panels). The patient declared she had not previously been infected with VZV. VZV-IgG antibodies were detectable in serum specimens and qualitative VZV polymerase chain reaction was positive. A diagnosis of varicella zoster gastritis was retained. Antiviral therapy with Aciclovir was started. By day 10 after admission, our patient had fully recovered and was transferred to the medical ward. Varicella zoster gastritis, although rare (Serris et al., 2014), requires a high clinical index of suspicion with prompt treatment because of its severity (Cornish et al., 2015; Sprung et al., 2016).

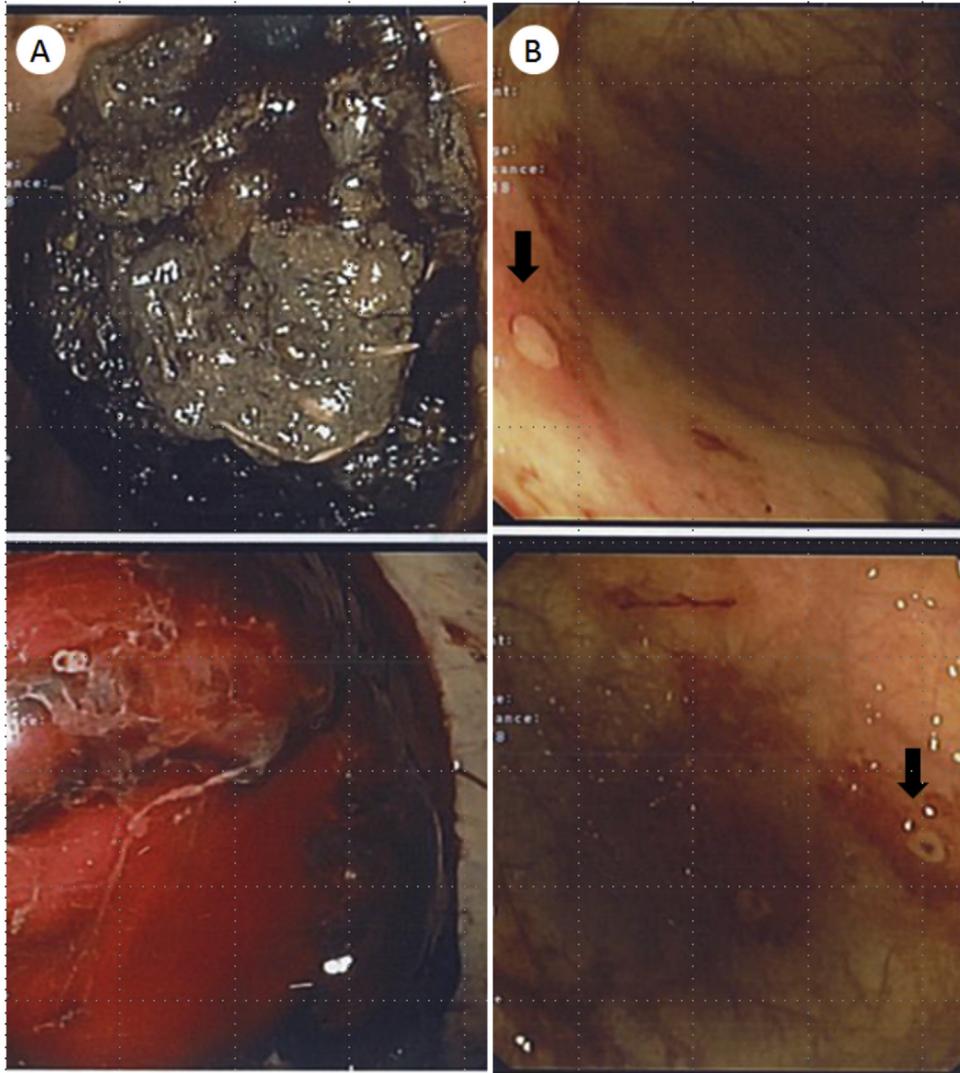


Figure 1. Digestive endoscopy findings consistent with varicella gastritis.

(A) Blood clot (upper panel) with active bleeding (lower panel) covering the entire gastric area; (B) Second-look endoscopy showing multiple small erosions and ulcerations (upper and lower panels), with slightly raised erythematous margins (arrows), involving the greater curvature of the corpus of the stomach.

Conflict of interest

The authors declare no competing interests.

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Ethical approval

Ethical considerations are respected.

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Faten May^{a,b,*}
Jenny Tannoury^c

Armand Mekontso Dessap^{a,b}
Nicolas de Prost^{a,b}

^aService de Réanimation Médicale, Hôpitaux Universitaires Henri Mondor-Albert Chenevier, Assistance Publique-Hôpitaux de Paris, Créteil, France

^bGroupe de Recherche Clinique CARMAS, Université Paris-Est Créteil, IMRB, Créteil, France

^cService d'Hépatogastroentérologie, Hôpitaux Universitaires Henri Mondor-Albert Chenevier, Assistance Publique-Hôpitaux de Paris, Créteil, France

* Corresponding author at: Service de Réanimation Médicale Hôpital Henri Mondor 51, Avenue de Lattre de Tassigny, 94010 Créteil, France.

E-mail address: faten.may@aphp.fr (F. May).

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