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Complications of varicella zoster (clinical case).

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Patient N. 1 years old (born 12.11.2021) admitted to the clinic on 24.11.2022 with complaints: fever, dry cough, rhinorrhea, body rashe, severe lethargy, general weakness, drowsiness, anxiety, refusal to feed.

Anamnesismorbi:

Has been ill since 18.11.2022, when the mother noticed the first elements of the rash on the neck, patient had fever (above 37°C). The next day the rash began to spread profusely all over the body, rash in the form of papules, vesicles. A rhinorrhea and cough appeared. Local doctor was recommended to treat the rash with a 1% solution of brilliant green, Calamine, as an antipyretic - Ibufen, Efferalgan suppositories. The child continued high and persistent febrile fever up to 39.8C. The last rashes on 23.11.2022. 24.11.2022 the child became lethargic, refusal to feed. child was hospitalized in the neurobox department.

Epidemiological history:

The disease is associated with contact with older children with varicella zoster

Objective data: as of 24.11.2022 Respiratory rate - 32 per minute, Temperature - 37.2 C. Blood pressure - 90/60 mm Hg. Saturation - 98%. The patient's general condition is closer to severe severity, due to a pronounced intoxication syndrome. During the day, the child repeatedly developed a fever of up to 38.7C; after taking antipyretics, the body temperature decreased to subferile values. He feels unwell and reacts to examination with severe anxiety. The emotional tone is labile, the child is lethargic, drowsy, the face is painful. Sleep intermittently. No appetite. The physique is correct. The food is satisfactory. The skin is pale in color and moist. There is a rash of vesicles and crusts all over the skin. The rash is not abundant on the face and torso; there are elements of the rash on the extremities and scalp. Visible mucous membranes are moist and clean. Subcutaneous fat tissue is developed satisfactorily and evenly distributed. Peripheral lymph nodes in the main groups are up to size 1, elastic, mobile, sensitive in the neck. The osteoarticular system is normal, there is no swelling in the legs or body. Breathing through the nose is not difficult, there is no discharge from the nose. The cough is rare, wet. There is moderate hyperemia in the pharynx, there is no purulent plaque on the surface. The tongue is moist, covered at the root with a gray-white coating, and there are single aphthae at the tip. The chest is cylindrical in shape, both halves are equally involved in the act of breathing. Percussion tone is clear, pulmonary. On auscultation, breathing is harsh, wheezing is not heard. Heart sounds are loud, rhythm is correct. Hemodynamics are stable. The abdomen is soft and painless on palpation. The liver and spleen are not enlarged. There are no symptoms of peritoneal irritation. The kidneys are painless on palpation. The effleurage symptom is negative on both sides. Urination is free and painless. Meningeal symptoms: rigidity is questionable.

Laboratory and Diagnostic Examinations:

24.11.2022 ESR -26 mm/hour; Complete Blood Count (6 parameters) on analyzer - relative (%) monocytes-4.0%; lymphocytes-20.0%; neutrophils-60%; hematocrit-25%; WBC-11,50%; platelets-246.0/l; RBC-3.80/l; hemoglobin- 89 g/l. Coagulogram dated 25.11.2022 D-dimer -3800.0 ng/ml; fibrinogen 6.3 g/l; APTT-36 seconds, TT (thrombin time) 22 seconds;

Biochemical blood test:

Dated 24.11.2022. Total protein-66.1g/l; urea-3.7 mmol/l; creatinine-43.7mmol/l; glucose-6.0 mmol/l; ferritin 414 ng/ml;

procalcitonin -2.89 ng/ml;

Enterovirus enterovirus PCR (29.11.2022) – Present

02.12.2022 Blood for sterility on the analyzer type of microorganism - Staphylococcus aureus

X-ray examination of the chest organs (11.29.2022):

X-ray signs of atelectasis of the 1st segment of the right lung. X-ray signs of hilar bronchopneumonia.

Electrocardiographic study: (11.29.2022)

Sinus rhythm with heart rate 130 beats per minute. Horizontal position of the EOS. Moderate metabolic changes in the myocardium.

Magnetic resonance imaging of the brain with contrast: (01.12.2022)

Conclusion: MRI picture of a large encapsulated subdural pathological cavity in the right frontal-temporo-parietal region with mass effect and lateral dislocation to the left, most likely subdural empyema, differentiated from a suppurating chronic subdural hematoma. Subdurally in the left frontal-temporo-parietal region, differentiate between chronic subdural hematoma and empyema.

Consultation: Neurosurgeon:(03.12.2022)

Sepsis caused by Staphylococcus aureus. Acute purulent meningoencephalitis caused by Staphylococcus aureus. Purulent bilateral empyema of the brain with compression of the brain substance. Concomitant diagnosis. Community-acquired bilateral lower lobe pneumonia caused by mixed infection Klebsiella pneumoniae - 10^6, Staphylococcus aureus - 10^6, Candida albicans - 10^6, DN 2-3. Atelectasis of the 1st segment on the right. Chicken pox, uneven course (the period of contagiousness is over, not contagious to others). Considering the clinical and MRI data, the patient has bilateral purulent empyema of the brain with compression of the brain substance and compression of the ventricular system and midline structures. The patient is transferred to the ICU of the Regional Clinical Hospital for surgical treatment of space-occupying brain lesions for life-saving reasons, accompanied by an emergency physician. Drainage of subdural spaces and empyema on both sides.

Received treatment:

Correction of inflammatory activity - hormone therapy (dexamethasone, methylprednisolone. prednisolone). Coagulopathy therapy: heparin 50-100 U/kg daily low molecular weight heparins. Antibiotic therapy:.meropenem 0,4 g + NaCl 0,9% -200 ml v/v 3 times daily . For anticonvulsant purposes: convulex 1 ml; Bronchodilator therapy: berodual. Plasma replacement therapy: gelofusin 100 ml.

Transfer Summary:

The general condition is serious and stable. Consciousness is clear. He reacts calmly to examination, cries periodically, and calms down easily. Turns over in bed. Interest in the surroundings is maintained, he watches, his gaze fixes. Meningeal and focal symptoms remained unchanged. Body temperature 36.5 C. The skin is pink and physiologically moisturized. Chickenpox rash in the pigmentation stage. There are no new elements of the rash. Lips are pale pink. The nail beds are pale pink. There is no perioral cyanosis. Moderately pronounced periorbital shadows. The limbs feel warm to the touch. Capillary refill speed is less than 3 seconds. The conjunctiva is pale pink, there is no purulent discharge, it is moist. Soft tissue turgor was preserved. The skin fold straightens immediately. The eyes look normal, the eyelids close completely. There is no peripheral edema.

Breathing is spontaneous and adequate. A rare wet cough with a small amount of sputum persists. On auscultation, breathing is harsh, evenly weakened on both sides, and rare conductive moist rales.Saturation100%. Heart sounds are of medium sonority, rhythmic, no noise.

The pulse is of satisfactory properties, rhythmic, symmetrical in both arms. Heart rate 140 beats/min. Hemodynamics are stable, blood pressure is 110/80 mmHg. Feeding 140 ml through a bottle is absorbed in full. There was no nausea or vomiting. The abdomen is not swollen, soft and painless on palpation. Liver +1.0 + 1.0 + 1.0 below the edge of the costal arch, the spleen is not palpable.

Biography

Alshimbaeva Zarina in 2019 received a degree bachelor of general medicine at Karaganda State medical University, in 2021 successfully completed an internship in general medical practice, in 2023 completed a residency in the specialty of pediatric and adult infectious diseases. In 2023 entered doctoral studies in Medicine direction . Has experience in clinical general medical practice for 2 years, in an infectious diseases hospital for 2 years. Published 4 papers in reputed journals, participated in various conferences. Currently teaching at the Department of Infectious Diseases and Phthisiology, as well as a trainer at the Center for Practical Skills in medical university.