

“Mycosis Herpeticum”: CTCL Complicated by HSV Infection

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Clinical Course

A 60-year-old female with a past medical history of CLL and Cutaneous T-cell Lymphoma (CTCL) presented to an outside ED for increased drainage of her chronic bilateral lower extremity wounds with signs and symptoms concerning for sepsis from soft tissue infection.

Her CTCL treatment plan consisted of methotrexate and extracorporeal photopheresis (ECP) and she was found to meet criteria for Sezary syndrome. She was transferred to our hospital for further management.

On exam, the patient was noted to be in frank erythroderma with widespread hyperkeratotic, ulcerated plaques affecting almost the entire BSA. She was also found to have MRSA bacteremia from her open wounds and her CTCL immunosuppressive therapies were discontinued.

Given concern for the widespread erosions and ulcers noted, PCR testing of her cutaneous lesions was positive for Herpes Simplex Virus-1. Additionally, she had increasing altered mental status during her admission, and a lumbar puncture also revealed HSV-1 encephalitis.

She was treated with antimicrobials for MRSA and HSV, alongside aggressive wound care. Despite aggressive ICU-level care, she ultimately succumbed to her illness.

Images



Discussion

- This case underscores the significant morbidity inherent in patients with CTCL and Sezary Syndrome, including increased susceptibility to soft tissue infections.
- Similar to eczema herpeticum, patients with CTCL in frank erythroderma have a largely impaired skin barrier and therefore require heightened suspicion for opportunistic bacterial and viral infections, of which are often causes of mortality in this population.
- This highlights the need to perform multiple thorough skin exams throughout the patient's hospital stay in order to accurately assess progression or changes in the patient's condition.

References

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