

Necrotic Varicella Revealing Chronic Lymphocytic Leukemia

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Abstract

Case Report

Chronic lymphocytic leukemia (CLL) is a hematologic malignancy characterized by the accumulation of monoclonal B lymphocytes in the peripheral blood, bone marrow, and lymphoid tissues. Disseminated varicella-zoster virus infection, a severe complication in immunocompromised individuals, can occasionally constitute the initial manifestation of an underlying malignancy. We report a case of necrotic varicella in an elderly patient that revealed chronic lymphocytic leukemia.

Keywords: varicella, varicella-zoster virus, chronic lymphocytic leukemia, immunosuppression.

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INTRODUCTION

Chronic lymphocytic leukemia (CLL) is a hematologic malignancy characterized by the progressive accumulation of mature monoclonal B lymphocytes, primarily within the blood, bone marrow, lymph nodes, and spleen. It is the most common leukemia in adults in Western countries. Herpetic infections in immunocompromised patients are frequent, severe, recurrent, and often treatment-resistant.

CASE REPORT

A 62-year-old male, with no notable medical history, presented with a generalized skin eruption

characterized by necrotic and crusted lesions, initially suggestive of necrotic varicella. The patient reported a persistent fever and a decline in general status. Physical examination revealed extensive necrotic, ulcerated lesions on the face and back. Laboratory workup showed significant lymphocytosis associated with thrombocytopenia, suggesting an underlying hematological disorder. Flow cytometry immunophenotyping confirmed CLL with a characteristic immunological profile (CD5, CD19, and CD23 positive markers). The patient was referred to the hematology department for further management.



Figures: Ulcerated and necrotic varicella

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DISCUSSION

Immunosuppression is a major and intrinsic component of chronic lymphocytic leukemia (CLL). Although B lymphocytes are present in high numbers, they are functionally incompetent. This global immune dysregulation affects both humoral and cellular immunity, predisposing patients to an increased risk of infections and autoimmune complications. The pathophysiological mechanisms underlying this immunosuppression include hypogammaglobulinemia, impaired cell-mediated immunity, altered innate immunity, and the iatrogenic effects of treatments. The consequences of this immunosuppression include high morbidity and mortality from infectious and autoimmune complications, therapeutic constraints, a compromised quality of life, and tumor-related excess mortality. The prognosis of chronic lymphocytic leukemia (CLL) is extremely heterogeneous, ranging from indolent forms where patients have a near-normal life expectancy without treatment to more aggressive forms requiring prompt therapeutic management.

CONCLUSION

In the presence of profuse, necrotic, destructive, or hemorrhagic presentations of herpetic infections, underlying immunosuppression must always be investigated. Early diagnosis and appropriate management can significantly improve the prognosis of this hematologic malignancy.

Conflicts of Interest: The authors declare no conflicts of interest regarding this work.

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