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Multi-dermatomal Herpes zoster infection as the presenting symptom of underlying ductal carcinoma

Herpes zoster infection has been associated with a significantly increased risk of future all-cause cancer incidence. In addition, zoster infections, when involving the breast, may mimic breast malignancy, and this similar phenotype may present a diagnostic challenge for clinicians. Few cases of concurrent infection and any malignancy have been reported. We present the case of a herpes zoster infection that was associated with concurrent breast malignancy. A 62-year-old woman with a history of coronary artery disease, hypertension, and reduced ejection heart failure presented to the emergency department for a four-week history of rash of her left upper back and breast. The rash was vesicular, painful, and crusted. She was not current on age-appropriate cancer screening, including mammography. The examination revealed tender hyperpigmented lesions on an erythematous base with underlying edema and induration in the left T3-T5 dermatomal distribution. The rash was clinically consistent with herpes zoster infection, but biopsy of the involved region revealed underlying invasive mammary carcinoma of ductal origin. Herpes zoster occurs at increased incidence in patients with any type of cancer due to underlying immune dysregulation. In addition, zoster can herald a cancer diagnosis, and affected patients should be encouraged to complete all age-appropriate cancer screenings. Though zoster and malignancies are commonly associated, our case report demonstrates that this association need not be temporally separated; multidermatomal zoster may occur concurrently with fulminant malignancy.