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

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25 **Highlights:**

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27 • The case of a patient with varicella zoster gastritis complicated with severe upper
28 gastrointestinal bleeding and hemorrhagic shock is reported.

29 • Gastric manifestations of varicella zoster infections in non-immunocompromised patients
30 have been scarcely described.

31 • A high clinical index of suspicion with prompt treatment is needed because of the severity of
32 varicella zoster gastritis

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35 **Key words:**

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37 Varicella-zoster virus (VZV), gastritis, hemorrhagic shock, non-immunocompromised patient

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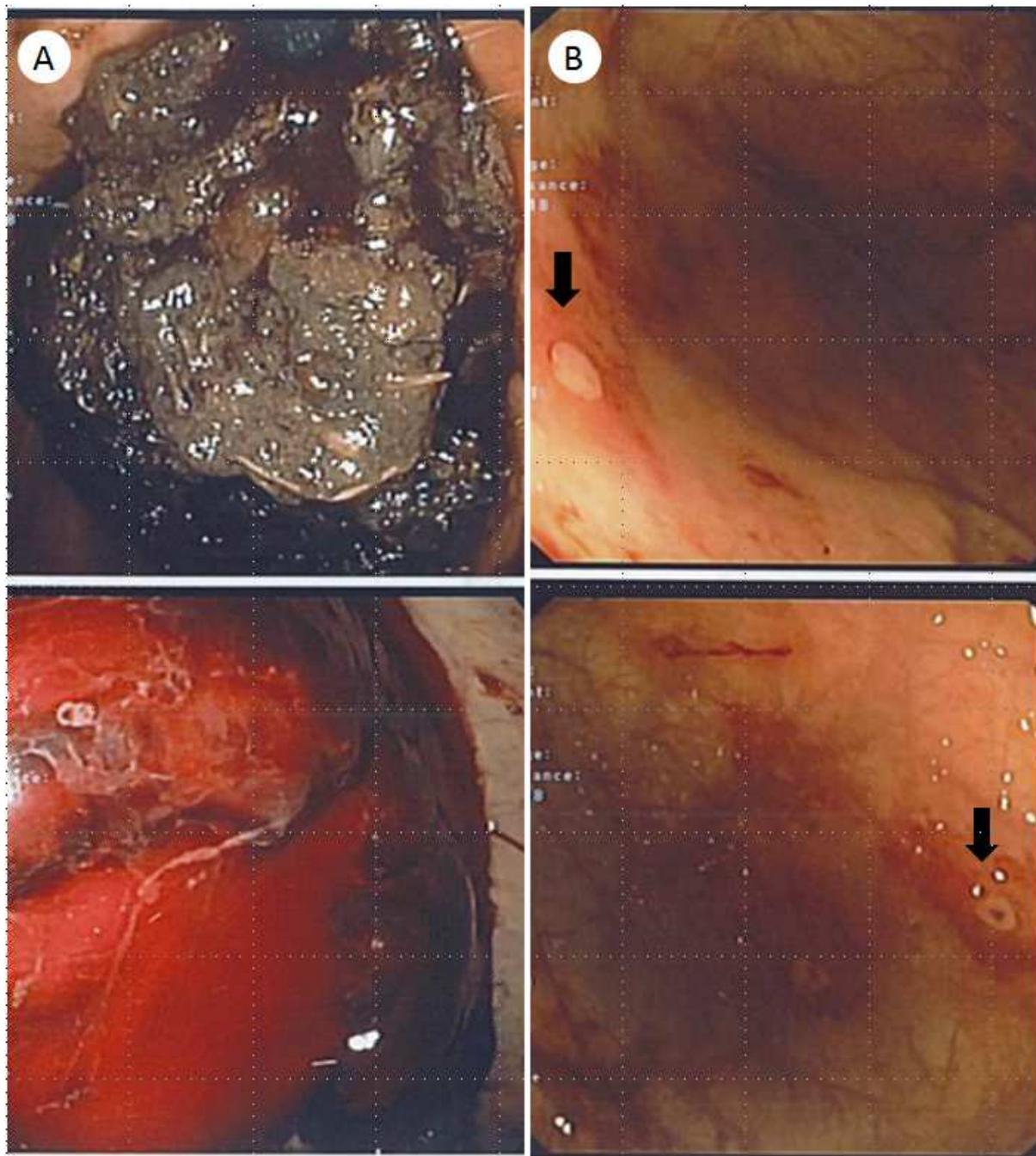
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53 An 82-year-old woman was admitted to the intensive care unit with hemorrhagic shock due to a
54 severe upper gastrointestinal bleeding. Her medical history was unremarkable except for an old
55 breast cancer. One week before, she had developed papulovesicular eruptions of the face, trunk and
56 extremities, together with abdominal pain and vomiting. She had been diagnosed with varicella with
57 gastrointestinal involvement. After initial resuscitation, requiring fluid infusion, massive blood
58 transfusion, high dose vasopressors and mechanical ventilation, an emergency
59 esophagogastroduodenoscopy was performed (fig. 1A) and revealed a large blood clot covering the
60 entire gastric area (fig. 1A, upper panel), together with an active bleeding (fig. 1A, lower panel),
61 which were treated by local epinephrine injection. The cause of bleeding was not identified and
62 gastric biopsies were not obtainable. A follow-up endoscopy performed 24 hours later showed
63 multiple small erosions and ulcerations, with slightly raised erythematous margins, involving the
64 greater tuberosity (fig.1B, upper and lower panels). **The patient declared she had not previously been**
65 **infected with VZV. VZV-IgG antibodies were detectable in serum specimens and qualitative VZV**
66 **polymerase chain reaction was positive.** A diagnosis of varicella **zoster** gastritis was retained. Antiviral
67 therapy with Aciclovir was started. By day 10 after admission, our patient had fully recovered and
68 was transferred to the medical ward. Varicella **zoster** gastritis, although rare (1), requires a high
69 clinical index of suspicion with prompt treatment because of its severity (2,3).



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72 Conflict of Interest

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74 The authors declare no competing interests

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77

78 **Ethical Approval**

79 Ethical considerations are respected

80

81 **Word count of the Manuscript:** 236 words

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