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Varicella Zoster Infection (Chickenpox) in an Adult Patient: Clinical Features and Management

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A 35-year-old male visited Dermatology OPD with a 2-day history of fever, malaise, headache, and a progressing skin rash. The rash began as small red spots on the trunk and face, which rapidly evolved into vesicular lesions at various stages, including erythematous macules, papules, and clear vesicles, predominantly on the face, chest, back, and extremities. He had no significant past medical history. On physical examination, the patient was febrile with multiple vesicles (dew drops) and macules. Lesions could be described as “dew drops on rose petal”. Tzanck smear from lesions revealed multi-nucleated giant cells. The clinical presentation aligned with the diagnosis of chickenpox in an adult (stage 2).

The management plan included patient education, supportive care like rest, adequate hydration along with oral antihistamines intake, topical calamine lotion application, antiviral therapy with acyclovir. As this condition is highly contagious, strict isolation until all blisters have completely crusted and dried over was also advised. Follow-up after 1 week was done to rule out potential complications.



Figure 1, 2 and 3: Vesicular lesions in various stages on the trunk



Figure 3,4 and 5: Vesicular lesions in various stages on the face

Declaration of patient consent:

Appropriate patient consent was obtained by the authors for taking and sharing pictures.



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