Letter to the Editor

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Acyclovir in Varicella Pneumonia in Healthy Adults

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We read with interest the recent report by Gogos et al. [1] dealing with acyclovir treatment of varicella pneumonia in healthy adults. As pointed out by the authors, this topic has received relatively little attention in the medical literature. We recently used acyclovir in the treatment of a young healthy male with varicella pneumonia. We describe our experience below.

A 38-year-old Hispanic male smoker (10 pack-years), without significant past medical history, presented with a generalized varicel-liform rash, nausea, vomiting, cough, pleuritic chest pain and fever (103.3 °F). He had no history of chicken pox as a child and reported visiting a niece with chicken pox 2 weeks prior to presentation. Physical exam showed bilateral rales and diffuse vesicular

skin lesions. Chest X-ray was significant for a diffuse bilateral alveolar infiltrate (fig. 1). Arterial blood gases were as follows; pH 7.41, pCO₂ 27, PaO₂ 50.

The patient was admitted to the intensive care unit and was started on intravenous ox-acillin, erythromycin, cefotaxime and acyclovir (745 mg i.v. every 8 h). Acyclovir was continued for a 10-day course. Due to oxygen de-

Fig. 1. Admission chest X-ray showing diffuse bilateral alveolar infiltrate.

Fig. 2. Chest X-ray on hospital day 17 showing resolution of initial infiltrate.

saturation (82% on 100% O₂ face mask) he was intubated and placed on a ventilator. On the second hospital day, his fever subsided and his chest X-ray improved. Cultures of sputum, blood and urine were negative. His clinical condition slowly improved and he was extubated on the 12th hospital day. Oxygen saturation on hospital day 17 on room air was 97%. Chest X-ray on day 17 showed ex-

cellent improvement of the bilateral infiltrates (fig. 2). The patient was discharged from hospital on day 18 in good condition.

As pointed out by Gogos et al., we agree that early use of acyclovir in adult varicella pneumonia may reduce the high mortality of this disease. Further study of the use of acyclovir in this setting appears warranted.

Reference

1 Gogos CA, Bassaris HP, Vagenakis AG: Varicella pneumonia in adults. A review of pulmonary manifestations, risk factors and treatment. *Respiration* 1992;59:339-343.
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