40. BEYOND THE SKIN RASH: ORGANIZING PNEUMONIA SUSPECTED AFTER HERPES ZOSTER REACTIVATION.

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Introduction. Organizing pneumonia is an inflammatory lung disorder with granulation tissue plugs in the alveoli, often secondary to infections, medications, or immune conditions. Symptoms and imaging are often nonspecific. Diagnosis relies on histopathology, and most cases respond well to corticosteroids.

Case presentation. A 41-year-old patient with a remote history of herpes zoster at age 14 presented with maculopapular rash, fever (38 °C), and persistent dry cough. Recurrent herpes zoster was confirmed serologically (anti-VZV IgM and IgG), and treatment with acyclovir and acetylcysteine was initiated. Two months later, the patient developed persistent cough, low-grade fever, and chest pain. Chest CT revealed bilateral peribronchovascular and subpleural nodular opacities, predominantly in the middle and lower lobes, with several lesions showing the reversed halo ("atoll") sign suggestive of organizing pneumonia. Empiric therapy with ceftriaxone, inhaled budesonide, and montelukast plus levocetirizine was started. Due to persistent symptoms, the patient was hospitalized three weeks later. Chest radiography showed left parahilar reticulomacronodular opacities and bilateral basal infiltrates, while auscultation revealed fine basal crackles. Histopathology demonstrated Masson bodies, confirming post-infectious organizing pneumonia. Serological tests for HIV, tuberculosis, and viral hepatitis were negative. Microbiological testing revealed Enterococcus faecalis resistant to cephalosporins. Targeted treatment with amoxicillin/clavulanic acid and systemic corticosteroids (prednisolone 50 mg/day for 3 months) resulted in favorable clinical and radiological improvement. One limitation was the inability to perform bronchoscopy due to technical constraints.

Discussions. Secondary organizing pneumonia following recurrent herpes zoster is rare and requires careful evaluation. Persistent respiratory symptoms and poor response to antibiotics should prompt further investigation, particularly in younger patients. Histopathology confirmed organizing pneumonia, and favorable outcomes were achieved only after systemic corticosteroid therapy, highlighting its key role.

Conclusions. This case highlights a rare secondary organizing pneumonia following recurrent herpes zoster in a young immunocompetent patient. Persistent symptoms and poor response to antibiotics require careful evaluation. Early recognition and timely corticosteroid therapy are essential for favorable clinical and radiological outcomes.

Keywords. organizing pneumonia; secondary organizing pneumonia; herpes zoster reactivation; reversed halo sign; Masson bodies; corticosteroid therapy; antibiotic resistance.

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