

Varicella Zoster Infection Associated Rhabdomyolysis Demonstrated by Tc-99m MDP Imaging

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Varicella zoster infection is a common disease in young children that usually resolves without severe complications. However, when it occurs in adults, certain rare life-threatening complications can develop. The authors describe varicella infection in an adult complicated by rhabdomyolysis demonstrated by bone scan. Early identification of rhabdomyolysis by bone scan can allow aggressive fluid and antiviral therapy in this setting.

Key Words: Bone Scintigraphy, Varicella Zoster. Rhabdomyolysis.

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Fig. 1. A 70-year-old woman was hospitalized with a descending aortic aneurysm. Presurgical evaluation found that the patient also had lung cancer in the left lower lobe. The aneurysm was repaired surgically as planned. Postsurgical recovery, however, was complicated: Varicella infection developed, followed by renal failure, which was initially attributed to renal ischemia during surgery, and ascites, which was initially attributed to the renal failure. A bone scan was acquired to evaluate possible bone metastases. Anterior and posterior images acquired approximately 3 hours after the intravenous administration of 25 mCi Tc-99m MDP did not reveal metastases. However, there was marked muscular uptake, which was more prominent in both thighs, which is consistent with rhabdomyolysis. Varicella-induced rhabdomyolysis has been reported in immunocompetent adults (1,2), and visualization of rhabdomyolysis originating from other conditions has been reported on bone scans (3-7). Rhabdomyolysis can result in or exacerbate renal failure. In patients with varicella infection and renal failure, rhabdomyolysis should be considered. Early recognition of this complication by bone scintigraphy can enable appropriate therapy to improve patient outcomes.