

## Rare Coinfection of Genital Herpes and Pneumococcal Meningitis

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### DESCRIPTION

Bacterial complications are common during chickenpox, particularly skin superinfections. However, reports of acute bacterial meningitis associated with chickenpox are uncommon and limited to a few cases. They are mostly caused by *Neisseria meningitidis* or *Streptococcus pyogenes*. We present an unusual case of pneumococcal meningitis 2 days after the onset of a chickenpox rash in a previously healthy 7-year-old boy. Primary varicella infection, also known as chickenpox, is primarily a childhood disease, with the highest incidence occurring between the ages of 1 and 9 years. This cosmopolitan and highly infectious virosis normally has a benign and self-limiting clinical history. However, Varicella Zoster Virus (VZV) infection can cause a wide range of problems with varying clinical and progressive patterns. Bacterial problems are the most common, with cutaneous superinfection dominating. Nonetheless, finding bacterial, particularly pneumococcal, meningitis during the eruptive phase of chickenpox is unusual. A pregnant lady in her 33rd week of pregnancy, G2P1, went to the outpatient department with a 2-day history of widespread small vesicles on the erythematous base over her trunk and vaginal area. A dermatologist had previously prescribed oral acyclovir (800 mg four times a day) for chickenpox. She also complained of abdominal discomfort, low intake, and overall weakness. A nonstress foetal test revealed uterine contractions. The patient was hospitalized for treatment of premature labour caused by chickenpox. Her blood pressure was 118/67 mmHg at the time of admission, a dipstick urine detected trace proteins, and laboratory tests revealed a hemoglobin level of 10.7 g/dL and a hematocrit of 33.9%. The lymphocyte and monocyte differential counts were 10.7% and 11.2%, respectively. Other hematological and biochemical markers were within normal limits. The obstetric ultrasound findings were ordinary, and the varicella zoster immunoglobulin G and immunoglobulin M tests came back negative. Chickenpox is often regarded as a minor illness. Although this is usually the case, it is occasionally connected with difficulties. Secondary bacterial infections are the most prevalent, generally arising as a result of a damaged follicular eruption. These include multi-site bacterial infections caused

mostly by Group a *Streptococcus* and *Staphylococcus* germs. Organ issues (including neurological, nephrological, and ophthalmological ones) may also occur as a result of Varicella Zoster Virus (VZV) infection or an autoimmune reaction. Case reports have also highlighted the following very unusual conditions: Aplastic anaemia, multi-organ failure, and gastritis. According to the Polish Institute of Hygiene, the number of chickenpox cases in Poland has fluctuated between 149 to 221 thousand every year during the previous 10 years. In certain years, 0.550.76% of VZV-infected individuals required hospitalization. Between 2010 and 2019, 66 children were admitted to the Department of Pediatrics with severe chickenpox and/or associated illnesses. Among them was a young lady, the subject of this case study. *Streptococcus pyogenes* and *Staphylococcus aureus* produce the most serious infections, which damage the skin and subcutaneous tissue, fascia, respiratory system, bones, and joints. The patient may die in the most extreme circumstances. In our patient, bacterial infection was most likely the cause of health deterioration and a large rise in inflammatory markers. Furthermore, neurological problems in older children have been documented as a result of immunological response. Aside from encephalitis or cerebellitis, cerebral ischemia and infarction caused by cerebral vasculitis have been reported in children 3-4 months following varicella. Despite the substantial literature on chickenpox complications, sialadenitis has only been described infrequently. A 15-year-old child with dermatomyositis and diabetes mellitus who had submandibular gland oedema for a year after having chickenpox was documented. A radiographic examination revealed calcifications within the gland. Based on the probability of concerns forming in lung tissue as a result of Herpes virus infection. The discovery of Varicella zoster virus DNA in individuals with Ramsay Hunt syndrome proved the presence of VZV in the salivary glands. Using the PCR approach, the scientists confirmed the presence of DNA in 72% of salivary samples from the submandibular glands and 57% of the parotid glands. The likelihood of acquiring shingles following childhood chickenpox is a severe health concern linked with multiple problems. Vaccination is the most effective technique of avoiding VZV infection.

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**Received:** 21-Nov-2022, Manuscript No JAA-22-19986; **Editor assigned:** 23-Nov-2022, PreQC No. JAA-22-19986 (PQ); **Reviewed:** 06-Dec-2022, QC No. JAA-22-19986; **Revised:** 12-Dec-2022, Manuscript No. JAA-22-19986 (R); **Published:** 19-Dec-2022, DOI: 10.35248/1948-5964.22.S25.003

**Citation:** Adenlron W (2022) Rare Coinfection of Genital Herpes and Pneumococcal Meningitis. J Antivir Antiretrovir. S25:003

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