Case Report: Herpes Zoster (Shingles)

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Background*:*
Herpes zoster (HZ) is an acute infectious viral disease, caused by the reactivation of latent varicella zoster virus (HHV-3) in the sensory neurons of the dorsal root ganglion and/or trigeminal ganglion.

The incidence of HZ increases with age, as approximately half experience an episode by age 85. Another contributing factor is immunosuppression.

Most common complication of acute HZ is Post-Herpetic Neuralgia (PHN), while other common complications include ocular involvement (retinitis), Ramsay Hunt syndrome, bacterial superinfection, and meningoencephalitis.

Case Presentation:

A 78 years-old woman was referred to our department in the Galilee Medical Center, complaining of pain, swelling, and a rash on the left side of the face and mouth, which appeared one day ago. The patient confirmed discomfort in her left eye and blurred vision. She suffered from eating and talking difficulties. There was no previous history of similar lesions.

Medical History:

Hyperlipidemia, controlled hypertension, controlled diabetes mellitus type 2, and osteoporosis.

Current Medications:

Aspirin, Bisoprolol, Lercanidipine, Atorvastatin, Alendronic Acid, Omeprazole.

Extraoral Examination:

Erythematous swelling with vesicles spread on left side of the face involving the upper lip, cheek, and lower eyelid, associated with tenderness on palpation. (Figure A1)

Intraoral Examination:

Multiple white opaque ulcerations with erythematous background in the labial and buccal mucosa of the left side, not crossing the midline. (Figure A1,2)

Discussion And Treatment

Based on the clinical presentation of the lesions; the age of the patient, the moderate-severe pain intensity, and the unilateral rash with vesicles, a provisional diagnosis of HZ involving the maxillary nerve (V2) was given. (Figure B)

PCR from ruptured intraoral and extraoral vesicles was performed to confirm the diagnosis.

Patient was immediately treated with antiviral medication: Acyclovir 800 mg tablets 5 times a day for 10 days, palliative therapy including mild analgesics, and Benzydamine 0.15% mouthwash 3 times a day for 10 days.

Considering that patient is in high risk for developing ocular complications, she was referred urgently for ophthalmic evaluation and was consequently recommended the use of topical acyclovir.

Patient was regularly reviewed after one week and after three weeks: marked improvement was observed with healing of the lesions. There was complete regression of the swelling, and lesions healed with minimal scarring by the third week, without any complications. (Figure C + D1,2)

Note*:* Because of complex medical history of the patient, corticosteroids were not prescribed along with the antiviral regimen. Moreover, it should be noted that the use of corticosteroids in the treatment of HZ has been controversial, and it has not been proven to prevent PHN.

Figure (A1); First visit - Erythematous vesicles involving the left side of the face.

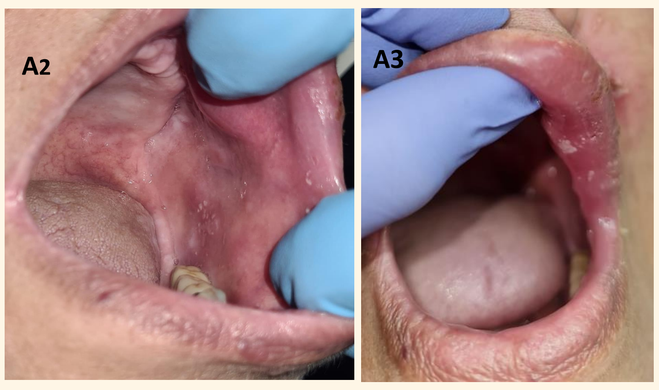


Figure (B1+2); Initial intraoral photograph exhibiting multiple white opaque ulcerations with erythematous halos

Figure (C); One week later showing partial healing with crusts developing.

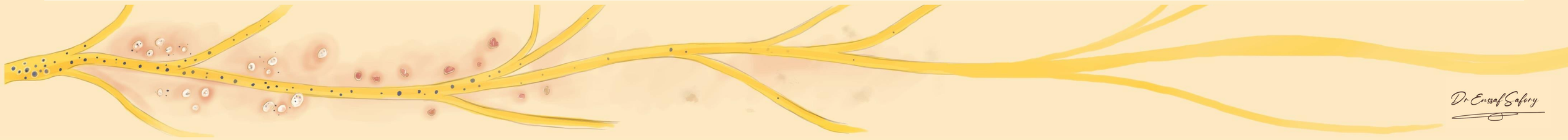
Figure (B); Illustration demonstrate the dermatomal pattern of the lesions distributed over the maxillary divisions of the trigeminal nerve *and exhibiting unilateral involvement*

Figure (D1+2); Intraoral and extraoral photograph taken three weeks later showing complete healing with minimal scarring .

Conclusion:

This case highlights the importance of **early diagnosis and treatment** of trigeminal herpes zoster within 72 hours from onset of rash, while taking in consideration the specific clinical circumstances, in order to prevent further complications.

Furthermore, multidisciplinary approach is key in management of these patients.



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