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Herpes Zoster of the Trigeminal Nerve

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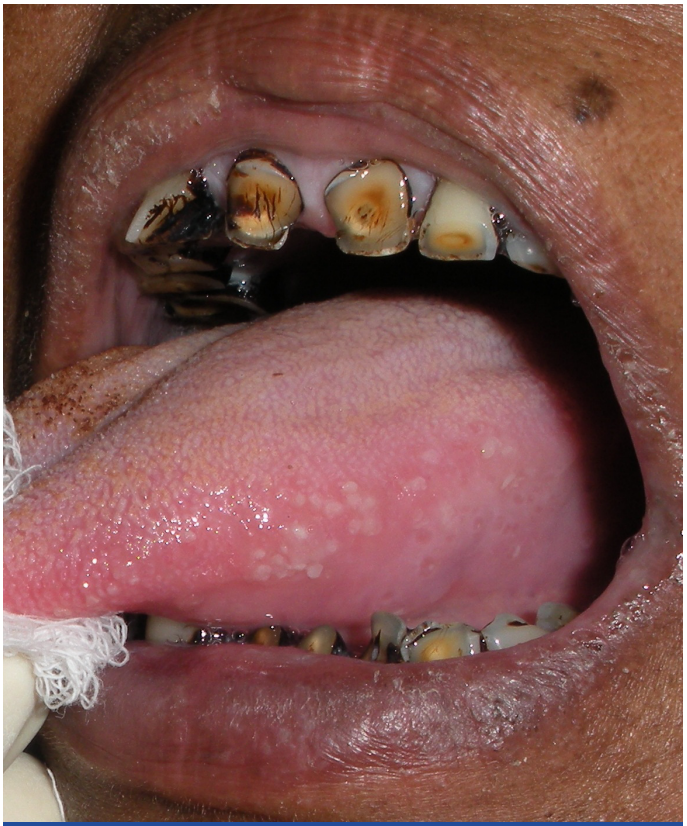
CASE REPORT

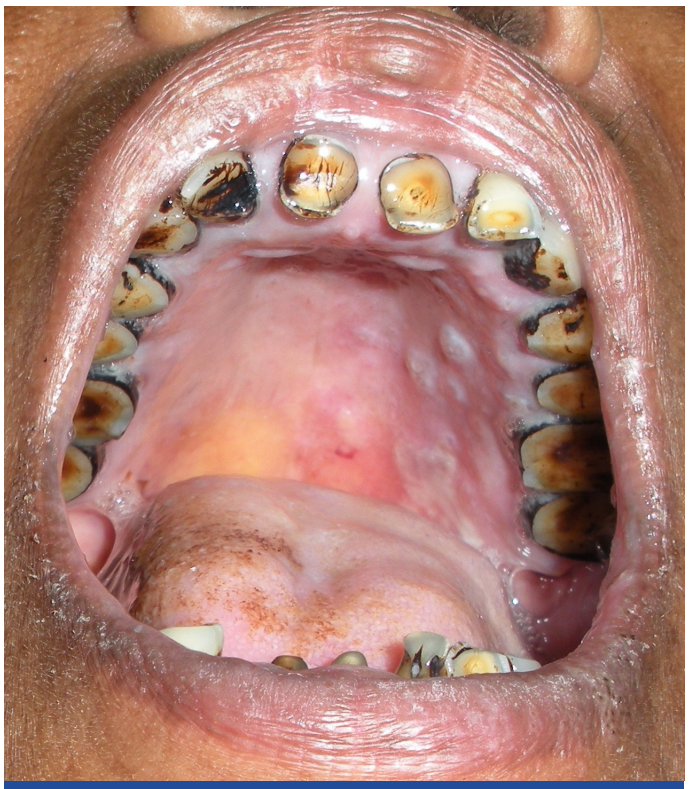
A 57-year old female patient presented with the chief complaint of painful blisters in the left lower face and ulcers in the mouth since 2 days, along with fever for the past 4 days. The patient also had difficulty in chewing and swallowing food due to the pain. Her extra-oral examination revealed multiple vesicles which were1 cm lateral to the left commissure of the lip. On intra-oral examination, few intact vesicles and multiple shallow ulcers which were caused by the rupture of the vesicles in the lower left lateral border of the tongue, left side of the hard palate and lower left labial mucosa, was seen [Table/Fig-1, 2 and 3]. The vesicles were found to be extremely tender on palpation. The lesions were unilateral and they did not cross the midline. Based on the history and the clinical examination, a diagnosis of Herpes zoster of the left side of the face which involved the maxillary and the mandibular division of the trigeminal nerve, was given.

DISCUSSION

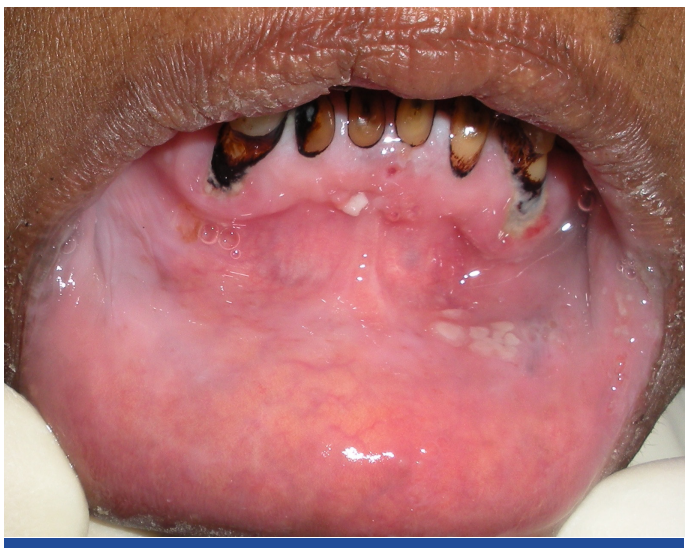
Herpes zoster (HZ), a condition which results from the reactivation of a latent varicella zoster virus (VZV) infection, is almost equally common, affecting up to 20% of the population. Although HZ can affect the patients of any age, it is more often seen in patients who are over the age of 50 years.



[Table/Fig-1]: Lesions In Left lateral border of Tongue



[Table/Fig-2]: Lesions In Left side of Palate



[Table/Fig-3]: Lesions In Left side of Labial Mucosa

The infection is associated with significant morbidity and particularly, severe pain, during the acute phase of the infection [1]. It is characterized by prodromal pain which is followed by vesicles and ulcers in the distribution of the sensory nerve, unilateral lesions and post herpetic neuralgia [2].

The damage to a sensory branch of the trigeminal nerve causes hypoaesthaesia in its area of distribution; an infection such as with Herpes zoster causes pain. The lesions in the sensory part of the trigeminal nerve initially result in a diminishing response of pin-prick to the skin and, later, complete anaesthesia [3].

DIFFERENTIAL DIAGNOSIS

- ***Multiple non-persistent ulcers:*** Viral infections or aphthae [4].
- ***Single ulcer:*** A neoplasia such as carcinoma or by chronic trauma, pemphigus, syphilis, tuberculosis or mycosis [4].
- ***Multiple persistent ulcers:*** Lichen planus, pemphigoid or pemphigus, gastrointestinal disease, blood disease, immune defects or drugs [4].

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