Multidermatomal herpes zoster in an immunocompetent female

Sir,

Herpes zoster classically occurs unilaterally within the distribution of a cranial or spinal sensory nerve. The dermatomes most frequently affected are thoracic in 55% and cranial in 20% cases. Sometimes lesions outside the primary dermatome may be observed in uncomplicated herpes zoster.\(^1\) Multidermatomal and disseminated herpes zoster frequently occurs in patients with lymphoreticular malignancy or HIV infection\(^2\) but is rare in immunocompetent persons. We came across an immunocompetent female with herpes zoster involving multiple cervical and thoracic spinal nerve segments in association with facial palsy.

A 25 year old female patient presented in skin out patient department with left sided facial palsy of two days duration. There was history of typical lesions of herpes zoster involving neck, shoulder and upper chest on left half of body, occurring for last two weeks. The clinical examination revealed features of lower motor neurone type of facial palsy on left side manifesting as loss of furrowing over forehead, lagophthalmos, and deviation of face to the right side. Lacrimation and taste sensations were normal.

There were grouped bullae, crusted lesions and erosions involving C2-5 dermatomes on the left side. There was no history of similar lesions in past. Her general health was unaffected. Serology for HIV was negative and CT scan of head was normal. She was treated with acyclovir 800 mg, 5 times a day for 7 days along with 60 mg prednisolone orally daily tapered over 6 weeks with significant relief in neuralgia and motor paralysis.

**DISCUSSION**

The presentation of herpes zoster in our patient was unusual in many ways. The patient was young, healthy and showed involvement of multiple spinal and cranial nerve segments. She had neither HIV infection nor any other systemic disease to account for immunosuppression. She did not receive any
immunosuppressive treatment in past. Significantly, facial palsy was unaccompanied by skin lesions over the VII nerve area.

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REFERENCES