



INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

HERPES ZOSTER ON THE FACE INVOLVING THE TRIGEMINAL NERVE

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Background: The varicella zoster virus, is a neurodermotropic virus that remains dormant in the sensory ganglion and, on reactivation, causes herpes zoster. Herpes zoster typically erupts within one or two adjacent dermatomes. The involvement of maxillary, mandibular and ophthalmic branch is extremely rare.

Observation: A 50-year-old man presented with fever, blisters and pain on the left side of his face for the past 7 days. He developed multiple vesicles and blisters on the left side of his face, which appeared on the lower lip, the chin, cheek and forehead; gradually it reached the eye and soon the ipsilateral pinna were also involved. There were multiple vesicles that coalesced to form bullae on the left side of the chin. Skin surrounding the vesicles was erythematous. The tongue showed an erythematous halo and covered with pseudomembranous slough. The patient was treated with antiviral and supportive therapy for 1 week. Valacyclovir was prescribed to control the active viral phase. Codein and paracetamol were given to alleviate pain and fever. Lignocaine gel for local application before meals and a multivitamin preparation, as supportive therapy, were added. Outcomes were favorable, and there was regression in the number of extraoral and intraoral lesions

Key message: Herpes zoster is caused by reactivation of the varicella zoster virus. It is characterised by occurrence of multiple, painful, unilateral vesicles and ulceration, and shows a typical single dermatome innervated by single dorsal root or cranial sensory ganglion. Among the divisions of the trigeminal nerve, the ophthalmic division is most commonly involved followed by the maxillary and mandibular divisions. Our case showed involvement of all three divisions of the trigeminal nerve. This case is being reported to highlight the rarity of involvement of more than one division of the trigeminal nerve added to their presentation in immunocompetent individuals.





