



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

LIFE-THREATENING OROFACIAL HERPES ZOSTER AFFECTING MAXILAR AND MANDIBULAR BRANCH OF TRIGEMINAL NERVE

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Background: Herpes zoster is often associated with various complications. The risk of complication is greater in elderly. Herpes zoster which affects trigeminal nerve may lead to potentially severe conditions if unrecognised and inadequately treated, such as encephalitis, vision loss, and airway obstruction.

Observation: A fully alert 70 year old man was presented with painful vesicular eruptions and crusts along his left cheek, jaw, and lower lip. Shallow ulcers also covered the left half of his tongue. The patient was diagnosed as orofacial herpes zoster and was treated by intravenous acyclovir, gabapentin, paracetamol, and sodium fucidate ointment following wet-to-dry gauze dressing using normal saline. On the second day of admission, the patient became unresponsive due to respiratory failure. Rhinopharyngolaryngoscopy examination revealed edema of the epiglottis and laryngeal mucosa with abundance of secrete, so he was intubated. The laboratory workup showed high procalcitonin levels (20.16 ng/mL), therefore the therapy was added with methylprednisolon and meropenem. After 11th day while being closely monitored in the intensive care unit and provided with definitive airway management, the clinical manifestation and edema of the airway was improved.

Key message: We report a case of orofacial herpes zoster with life-threatening airway obstruction. Caution needs to be taken in examining and treating patients with orofacial herpes zoster to promptly identify possible complications such as swelling of the airway that can lead to obstruction, and to provide early proper management in order to improve outcomes.

