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Case Report

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HERPES ZOSTER CASE PRESENTING WITH PAIN AND A BURNING SENSATION AT THE LEFT HIP

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ABSTRACT

Varicella zoster virus (VZV) is a member of herpes virus family; it generally presents with a generalized, vesicular rash. HZ develops throughreactivation of dormant VZ virus in the spinal and cranial ganglions. A 38-year-old male patient was admitted to our clinic with symptoms of pain at the left inguinal and hip areas and a burning sensation radiating to his thigh. In the follow-up appointment a week later, the patient stated that he hadobtained no relieffrom the medical treatment and painful, mildly itchy blisters appeared in his left inguinal area. In the physical examination,clusters of millimetric vesicles were observed at the left inguinal area, in the lumbosacral junctional area of his back, and the left lower anterior side of abdomen. When atraumatic joint symptoms appearduring adulthood, presence of HZ infection should be considered a possible cause, and the patient should be questioned about skin lesions. The disease rarely becomes lifethreatening. The current approach to the HZ comprisesantiviral agents and analgesics, and the desired results are frequently achieved in young patients with mild infection.

KEYWORDS: herpes zoster, hip pain, sciatica.

A 38-year-old male patient was admitted to our clinic with symptoms of pain at the left inguinal and hip areas and a burning sensation radiating to his thigh. The patient indicated that he had been playing football once a week, and that he might have injured his hip joint becausehe had pain at the ipsilateral knee. The patient had no known history of disease except seborrheic dermatitis. In the physical examination, the movements of left hip and knee were painfree and complete. No lesion was observed on the skin duringthe initialexamination. A nonsteroidal anti-inflammatory drug of 2x1 (twice a day) daily was started in response to the prediagnosis of a sports injury. In the follow-up appointment a week later, the patient stated that he hadobtained no relieffrom the medical treatment and painful, mildly itchy blisters appeared in his left inguinal area. In the physical examination,clusters of millimetric vesicles were observed at the left inguinal area, in the lumbosacral junctional area of his back, and the left lower anterior side of abdomen (Figure 1a, b, c). The patient was diagnosed with herpes zoster (HZ) (commonly called shingles) after evaluationby theDermatology Clinics.Valacyclovir oral tablets 300 mg/day, a cetirizine oral tablet 10 mg/day, and afucidic acid 20 mg local treatment 2x1 were recommended. Atthe follow-up appointment a week later, the lesions hadspread from left inguinal area to the lower medial side of the thigh,and the other lesions were crusted.

Varicella zoster virus (VZV) is a member of herpes virus family; it generally presents with a generalized, vesicular rash.[1] HZ develops throughreactivation of dormant VZ virus in the spinal and cranial ganglions. In developed countries, 95% of the adult population is seropositive for VZV; therefore, they have a risk forVZ viral infection. Reactivation may occur atany age, but it generally occurs at advanced ages through a decline in cell-mediated immunity. Half of the individuals (50%) who develop VZ viral infection are aged80 years or older.[2]

When the patient was admitted with left inguinal pain and a burning sensation radiating to anteromedial side of thigh, prediagnosis of muscle strains due to sports injury, synovitis of left hip joint, pathology of obturator nerve, meralgia paresthetica nerve entrapment, and sciatica were initially considered. Having no relieffrom the nonsteroidal anti-inflammatory drugs and the appearanceof the lesions after pain beganwere considered to result from the dermatomal sensorial ganglion involvement of HZ. The lesionswerespread dominantly along the L1 dermatomes; however, they were also observed at the S1 and L2 dermatomes.

It is rare for HZ infection to present with unilateral hip pain as an initial symptom.[1] Radiation of the pain and burning sensation from left inguinal area to lower areas accompanied with knee pain may lead to a consideration of sciatica.[3] In the case reported byH. Boluk et al,[3] no

pathological finding was found throughimaging methods performed onthe patient who was admitted with sciatica symptoms; soon after that, HZ lesions appeared. In the presentation of that case, it wasemphasized that the lesions exhibited adifference by following the trace of the sciatic nerve. The sciatic nerve is a peripheral nerve that isformed by the fibers coming from L4, L5, S1, S2, and S3 nerve roots of the lumbosacral plexus. The current case was considered to be HZ infection becausethe infection involved more than one sensorial dermatome rather thana peripheral nerve. When atraumatic joint symptoms appearduring adulthood, presence of HZ infection should be considered a possible cause, and the patient should be questioned about skin lesions. The disease rarely becomes lifethreatening. The current approach to the HZ comprisesantiviral agents and analgesics, and the desired results are frequently achieved in young patients with mild infection.[2,4] Our patient was young, and he responded very well to the antiviral treatment.

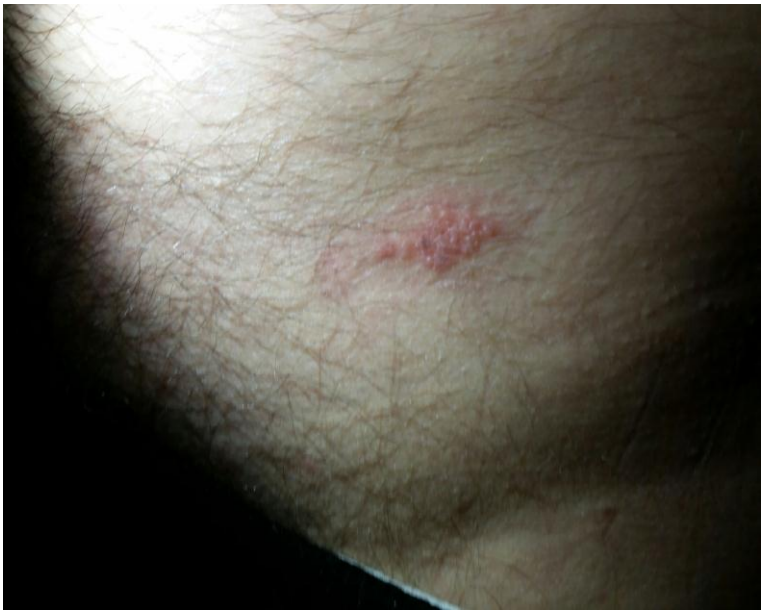

Figure 1a: A cluster of millimetric vesicular lesions 3 cm in size were observed along the left lower inguinal alignment of the abdomen.

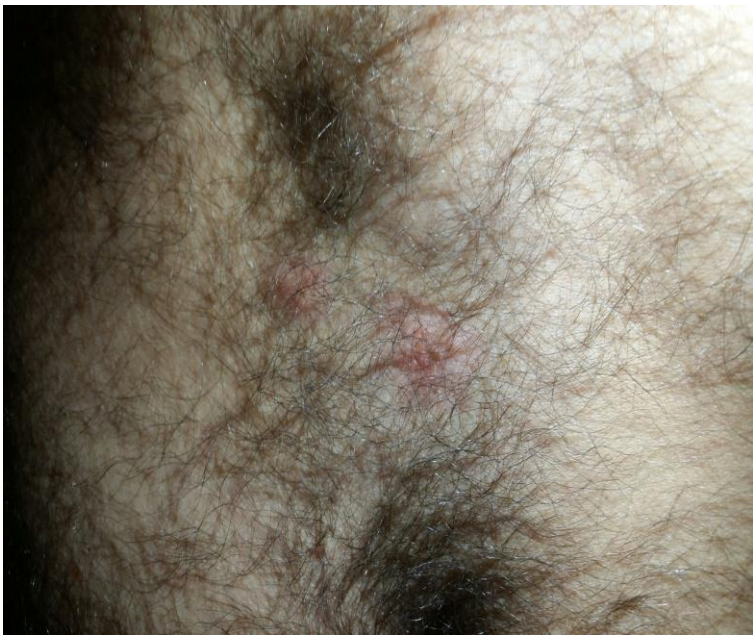

Figure 1b: Two clusters of millimetric lesions 2 cm in sizewere observed at the midline ofthe lumbosacral junction.

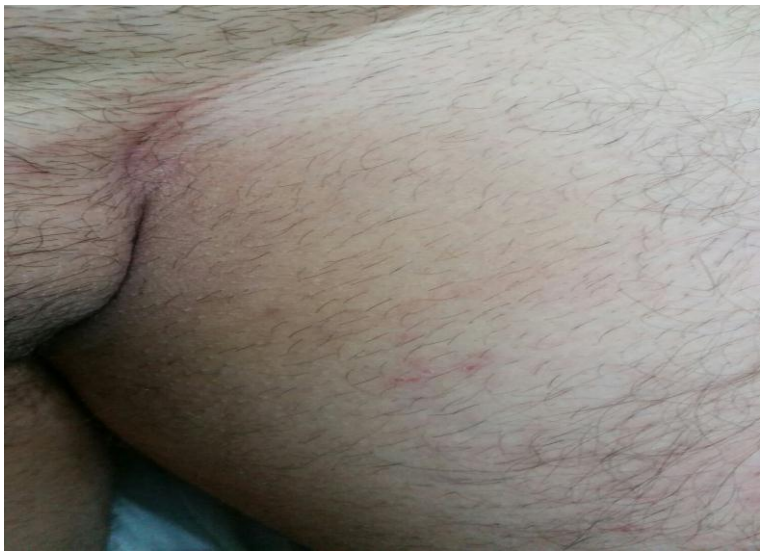

Figure 1c: Two clusters of millimetric vesicular lesions 1 cm in size at the left inguinal area and the anteromedial side of the thigh.

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