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Visual case discussion

Painful vesicular rash

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62-year-old male with history of diabetes and high cholesterol presented to the emergency department with a tingling sensation in the left side of his neck that began approximately 1 week ago. Patient reports that he saw his primary care physician for the symptoms and was diagnosed with a nerve impingement. He notes that he has been trying Naprosyn for his symptoms without any relief and reports that one day ago he began to see a rash in the area that he had this tingling sensation and pain. He notes that all of his pain and rash is located on the left posterior and anterior regions of his neck with no pain, tingling sensation or rash on the right side of his neck.

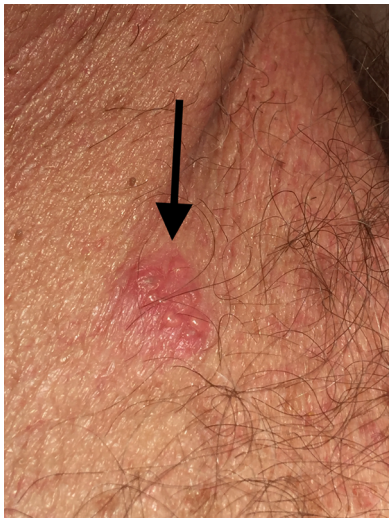

Fig. 1. Photograph of lesion.

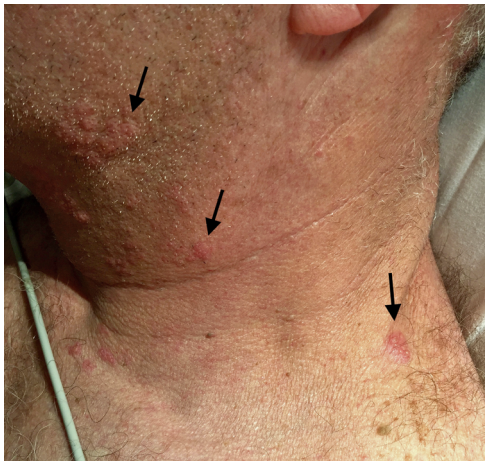

Fig. 2. Photograph of left side of patients neck.

1. Review of systems

The patient denies any fevers, chills, vision changes, ocular pain, blurred vision or hearing changes. He also denies any chest pain, shortness of breath, abdominal pain, nausea or vomiting. Patient also notes that the rash is isolated to the left side of his neck and is not elsewhere on his body.

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2. Physical exam

Vitals:

Blood Pressure: 170/91, Pulse: 98, Respirations: 17 Oxygen Saturation: 97% on room air.
HEENT: Normocephalic, atraumatic, pupils 3 mm, equal and reactive bilaterally, oropharynx is clear and without lesions.
Cardiovascular: Regular rate and rhythm, no murmurs.
Respiratory: Lungs clear to auscultation bilaterally, no wheeze, no rhonchi, no rales.
Abdomen: Soft, nontender to palpation, positive bowel sounds.
Musculoskeletal/extremities: 5/5 strength in bilateral upper and lower extremities.
Neurologic: GCS 15, AAOx3, CN 2-12 grossly intact.
Skin: Several vesicular lesions throughout patients posterior and anterior neck, mild tenderness to palpation of the region, no evidence of rash elsewhere on patients body. (Figs. 1 and 2).

Supplementary material

Supplementary material associated with this article can be found, in the online version, at doi:10.1016/j.visj.2018.12.008.

Questions

1. Transmission of the herpes zoster virus can occur via which methods?
   a. Direct contact or airborne droplets
   b. Contaminated objects
   c. Insect bites
   d. Animal-to-person contact

2. Herpes Zoster Virus will always present as a painful, uncomfortable sensation with eventual eruption of vesicular lesions
   a. True
   b. False

3. Which of the following may place a patient at a high risk of developing a reactivation of Herpes Zoster?
   a. HIV/AIDS
   b. Long term high dose corticosteroid use
   c. Chemotherapy/Radiation therapy
   d. All of the above

Answers

1. Direct contact or airborne droplets. Explanation: Shingles is spread through direct contact or airborne droplets. The rash is contagious while in the blister phase, once the rash has crusted over it is no longer contagious.

2. False. Explanation: Herpes Zoster can present without skin lesions as well and is known as Zoster Sine Herpete which may require serological assays or polymerase chain reaction (PCR) for diagnosis. Reference: P.G. Kennedy Zoster sine herpete: it would be rash to ignore it Neurology, 76 (2011), pp. 416-417

3. All of the above. Explanation: The risk of Herpes Zoster reactivation increases in patients that are immunocompromised and increases with age as well.