



Pseudohernia preceding disseminated herpes zoster

Tatsuya Fujikawa, Mari Saito

A man aged 57 years, who had had herpes zoster 10 years previously, visited our emergency room with a tingling ache in his right lower back. Physical examination revealed neither eruption nor trauma on the body surface. However, an abdominal wall protrusion was observed on his right side, especially while he was standing (figure). Abdominal imaging using contrasted computer tomography did not reveal any abnormalities.

Abdominal muscle paralysis was considered as the possible diagnosis and 60 mg loxoprofen, a non-steroidal anti-inflammatory drug, was administered for his back pain once daily for 5 days. 5 days after the initial visit, dome-shaped papules with overlying small, dark-coloured vesicles appeared on his trunk and extremities, suggesting disseminated herpes zoster. The patient was treated with 1000 mg oral valacyclovir three times daily for 7 days, along with the same regimen of loxoprofen as already described. The vesicular papules dried up after 5 days and became brown scabs within a week. The protruding abdominal wall flattened within a month, and the patient's lower back pain gradually abated within a couple of months.

Herpes zoster is characterised by the reactivation of the varicella zoster virus, which causes a vesicular rash, typically restricted to a single dermatome. However, some patients develop disseminated herpes zoster; these patients are more likely to be immunosuppressed. It is rare for this condition to occur in an immunocompetent host, as it did in this case.

Post-herpetic abdominal pseudohernia is uncommon, occurring in 2% of patients with herpes zoster. Although pseudohernia should be suspected when a patient develops abdominal paresis coincident with or after a herpetic rash, abdominal paresis can also very rarely

precede a rash. Awareness of this clinical condition might help physicians anticipate herpes zoster, allowing prompt treatment.

Contributors

TF contributed to the clinical management of the patient and writing of the manuscript. MS contributed to the clinical management of the patient and development of the manuscript.

Declaration of interests

We declare no competing interests.

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Department of General Internal Medicine (T Fujikawa PhD) and Department of Dermatology (M Saito MD), Mitoyo General Hospital, Kanonji, Kagawa, Japan

Correspondence to: Dr Tatsuya Fujikawa, Department of General Internal Medicine, Mitoyo General Hospital, Kanonji, Kagawa 769-1695, Japan
tfujikawa-gi@umin.ac.jp

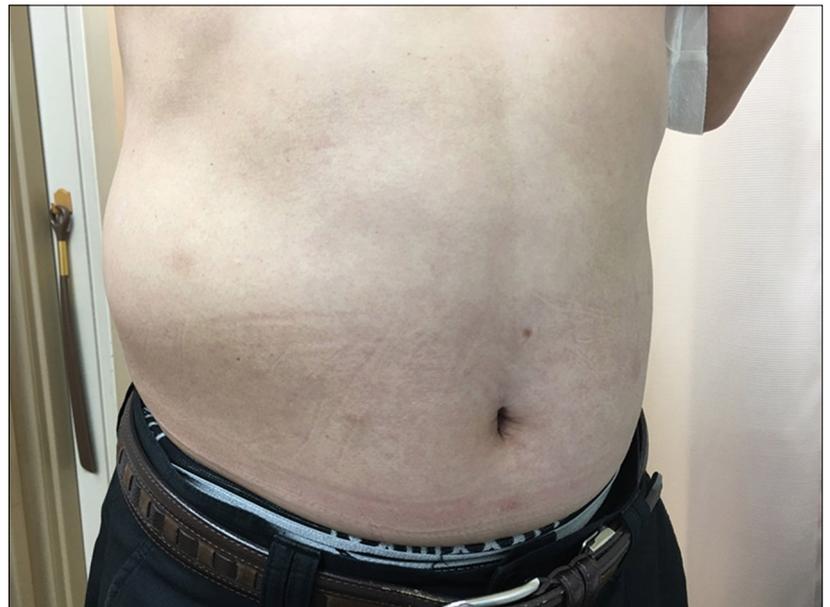


Figure: 57-year-old man with a protruding abdominal wall on the right side. The protrusion is particularly visible while the man is standing.