

Facial Herpes Zoster of Two Branches of the Trigeminal Nerve

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Clinical Image

A patient aged 78, with no family history who consults for a rash on the right cheek confessing for 6 days, with a tingling sensation. Clinical examination reveals an erythematato-vesicular rash systematization of lesions, affecting the territory of the maxillary branches of the trigeminal nerve (V2, V3) right with clear limits with lesions of different ages. Significant homolateral palpebral edema as well as damage to the hemi-tongue, the hemi-lip and the homo-lateral external auditory canal was affected. The paraclinical assessment carried out during the initial stages of the rash found an isolated and transient lymphopenia at 900 ml. The clinical presentation, with vesicles of different ages and a systematization of the lesions along the nerve paths, brings to mind the diagnosis of the area of the branches V2 and V3 of the trigeminal nerve. Biological arguments reinforced our diagnosis. In immunocompetent adults over 50 years of age, valaciclovir is indicated for the prevention of ocular complications in the ophthalmic area and the prevention of post-operative pain [1]. Valaciclovir does not eradicate latent viruses; the patient will therefore remain exposed to the risk of a new episode. Analgesic treatment for acute phase pain has been used and for post-Zoster pain, treatment has focused on the use of pain relievers usually used in neurogenic pain (Figures 1 and 2).



Figure 1: Significant lower palpebral edema and erythematous-vesicular rash on the territory of branches V2 and V3 of the right trigeminal nerve.



Figure 2: Erosions with polycyclic edges surmounted by a whitish coating on the right hemi-tongue and hemi-lip.

Référence

1. Santoro D, Stella M, Montalto G, Castellino S (2008) Metallothionein expression in lupus nephritis. *Lupus* 17: 460-511.

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