GENITAL HERPES ZOSTER WITH CUTANEOUS DISSEMINATION

Archana Singal, Neeraj Bajaj, S N Battacharya, M C Baruah

A middle aged immunocompetent man with right sided genital herpes zoster associated with dysuria and cutaneous dissemination is reported for its uncommon occurrence.

Key words : Herpes zoster, Genital, Dissemination

Herpes zoster occurs following reactivation of residual latent varicella-zoster virus (VZV) in the nerve ganglion cells. Usually, it involves single unilateral dermatome but more than one adjascent dermatomes may be affected. The lesions occur with varying frequency in different body areas, most commonly affecting thoracic dermatomes (50%) followed by cranial (20%), cervical (14%), lumbar (14%) and sacral dermatomes (2%).[1,2] Disseminated herpes zoster (DHZ) refers to widespread eruption of varicella-like lesions (>20 lesions) in addition to the localised cutaneous band. This occurs presumably due to haematogenous dissemination of virus from the affected ganglion, nerve or skin. DHZ occurs with a higher frequency in immunocompromised patients and in patients with severe systemic disease or underlying malignancy.[3,4]

From the Department of Dermatology and STD, University College of Medical Science, and Guru Teg Bahadur Hospital, Shahdara, Delhi - 110 095, India.

Address correspondence to:
Prof. M C Baruah

Case Report

A 45-year-old man presented with painful vesicobullous eruption on external genitalia and right buttock of 4 days duration. Patient complained of fever, generalised malaise, bodyaches and painful micturition. On

Fig. 1 . Grouped vesicular lesions on right half of shaft of penis, glans and scrotum.

examination, he had unilateral, grouped, vesicobullous lesions on erythematous base on the right half of shaft of penis, glans (Fig.1), scrotum and gluteal region. The immediate perianal area and natal cleft were spared. Right inguinal lymph nodes were enlarged and tender. Examination of rest of the body revealed numerous discrete, vesicular lesions on erythematous base in suprapubic region, chest, back, face and palms.

General physical and relevant systemic examinations were within normal limits. Routine haematological investigations and ELISA for HIV revealed no abnormality. A diagnosis of herpes zoster involving right sided sacral (S_1-S_3) segments with cutaneous dissemination was made and corroborated by Tzanck smears from lesions on buttocks and palms which revealed ballooning degeneration of keratinocytes and numerous multinucleated giant cells. Patient was treated with oral acyclovir, NSAID's and topical lotio calamine.

Discussion

Herps zoster involving anogenital region is of uncommon occurrence. Inflammatory reaction can involve spinal cord and anterior horn cells causing varying neurological manifestations including urological alterations such as cystitis-like syndrome, acute urinary retention and urinary incontinence.[5] Our patient had pain only during the act of micturition. Interestingly our patient also had cutaneous dissemination without any evidence of underlying predisposing factors, such as severe systemic disease, malignancy or immunosuppression.

References

1. Hope Simpson RE. The nature of herpes zoster, Proc Roy Soc Med 1965; 58: 9-20.
2. Huff JC. Herpes zoster, In: Current problems in Dermatology, Edited by Waston WL, Year Book Medical Publishers, Chicago, 1988; 1: 19-23.
3. John G, Merselie JR, Kaye K, et al. Varicella in immunocompromised, Arch Int Med 1964; 113: 679-686.
4. Schimff S, Serpick A, Stole B. Varicella zoster infections in patients with cancer, Ann Int Med 1972; 76: 241-254.
5. Bioseta E, Osca JM, Morera J, et al. Urological manifestation of herpes zoster, Eur Urol 1993; 24: 244-247.