CASE REPORT

BILATERAL ZOSTER-(a case report)

By

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The unilateral distribution of cutaneous lesions is a distinctive feature of Zoster. Occasionally the lesions may involve more than one dermatome on one or both sides, But involvement of the same dermatome on two sides is exceedingly rare.[1] Fox[2] (1898), Mobley[3] (1912), Mackee and Fordyce[4] (1915), Rattner[5] (1938), Hailey[6] (1954) reported cases of bilateral zoster. A single case of bilateral zoster is reported below.

CASE REPORT

Mr,S. a 25-year-old student of Engineering College, Manipal, attended the skin O.P.D. with the complaints of burning sensation and pain on the medial side of the lower part of each thigh for the past 2 days. On examination, there were

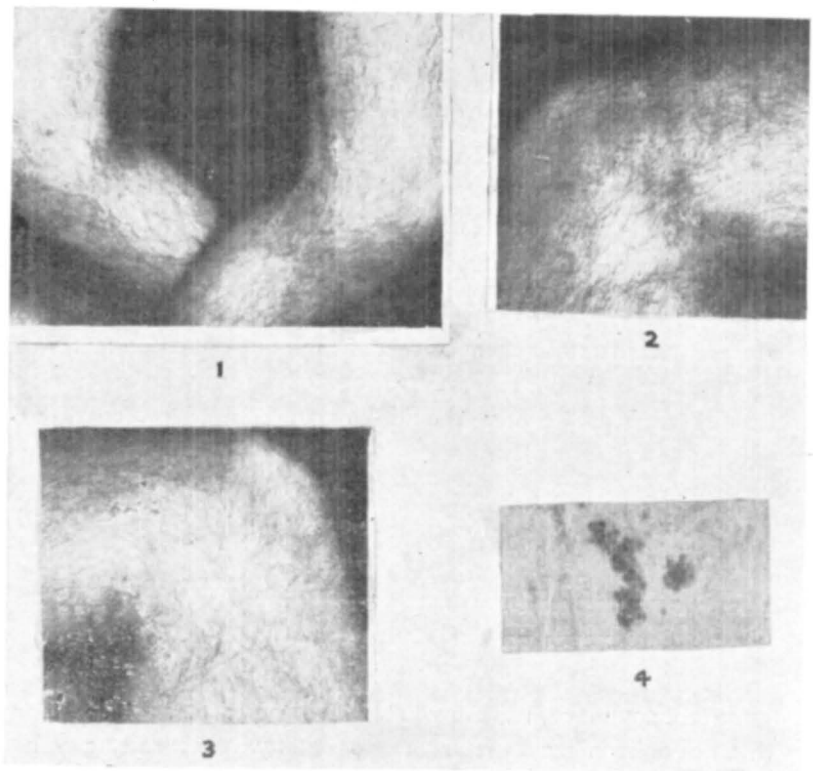

Fig. 3. Lt. Thigh.

Fig. 2. Rt. Thigh.

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a few irregular erythematous patches at the site of pain. No definite diagnosis could be made. Lotio calamine applications were advised. During the next 2 days small groups of minute, clear, tense vesicles appeared on the erythematous bases on the medial aspects of the lower parts of thighs and extended to the knees and the upper parts of the legs along the distribution of the medial cutaneous nerves of the thighs and the Sephanous nerves. L^3 (Fig. 1–3) The inguinal lymph nodes were enlarged and tender.

The student asked if he would develop chicken-pox because some of his friends in the hostel had been suffering from chicken-pox. Past history revealed that he had had varicella 4 years ago. Because of the epidemiological and immunological evidences the rare possibility of bilateral zoster was suspected. Cytological examination of the fluid and the scrappings from the base of the vesicle, stained with Giemsa, revealed giant multinucleate epithelial cells and " balloon cells " consistent with a diagnosis of vesiculo-bullous eruption of viral orgin. (Herpes Simplex, varicella or zoster. Fig. 4) Blood counts were normal.

Lotio calamine applications were continued. Inj. Pitutrin $\frac{1}{2}$ cc. I. M. was given daily for 4 days. The pain subsided and the cutaneous lesions healed up by dessication and crust formation during the next 7 days.

DISCUSSION

In this case, the past history of an attack and the recent exposure to cases of chicken-pox, the neuralgic pain and grouped vesicles on erythematous bases were suggestive of zoster. But there was difficulty in arriving at a definite clinical disgnosis because of the bilateral symmetrical distribution of the lesions. The vesicles were also limited to a few groups only. Tobias[7] (1956) states that bilateral zoster differs from the usual infectious type in that there is an obvious cause present such as trauma, lymphoblastoma or metastatic carcinoma. But in this case no such cause was present.

SUMMARY

A rare case of bilateral symmetrical zoster in which the cutaneous lesions appeared along the course of the medial cutaneous nerve of the thigh and the sephanous nerve (L3) is reported.

REFERENCES

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