hypervitaminosis A.

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PREHERPETIC NEURALGIA MASQUERADING AS ANGINA

To the Editor,

A 46-year-old male patient presented to the emergency department with continuous dull pain on the left side of chest radiating to the medial aspects of left arm, forearm and hand. The pain started in the evening when the patient was engaged in indoor activity. After 4-6 hours the intensity of pain increased and it was associated with epigastric discomfort, sweating, palpitation and fear of impending death. There was no history of dyspnoea, unconsciousness, or any past history of similar complaints. He was a chronic alcoholic and tobacco chewer. The patient was admitted to intensive care unit about 12 hours after the onset of pain with the provisional diagnosis of angina pectoris. Physical examination revealed tachycardia. There was no other abnormal physical finding. His following tests were within normal limits: total and differential leukocyte counts, erythocyte sedimentation rate, cardiac enzymes and electrocardiogram.

With the diagnosis of angina pectoris, he was prescribed analgesics, isosorbide dinitrate, and aspirin. The pain improved slightly but it did not disappear.

Thirty-six hours after the onset of pain, the patient developed vesicles in groups on erythematous base over the left side of chest, medial aspect of arm, forearm and medial two finger involving C8-T3 segments of cutaneous innervation. A Tzanck smear from the lesions showed characteristic multinucleated giant cells. The diagnosis was changed to herpes zoster with neuralgia. Antianginal drugs were stopped and the patient was given acyclovir 800 mg 8 hourly. Pain reduced considerably within a day and in 2 weeks the lesions healed completely. This case is being reported to highlight the need of keeping preherpetic neuralgia in the differential diagnosis of cardiac pain.

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