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UNILATERAL MULTISEGMENTAL HERPES ZOSTER IN A NORMAL CHILD

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Widespred multisegmental Herpes zoster of left side of body in a 12 years non-immunocompromised female is reported due to its rarity. She had no pain. She had burning in left arm and asymptomatic lesions on left trunk and leg.

Key Words : Multisegmental, Non-immunocompromised

Introduction

Children are infrequently afflicated with Herpes zoster (HZ)[1]. Activation of latent V-Z-V in a partially immune host results in HZ.[2] HZ in children can be benign or with varied severity especially in cases associated with malignancy.[3] Involvement of single dermatome was distinctly unusual in children with extracranial HZ.[3] Herpes zoster sine neuralgia can occur in children.[3] Defects in normal immunity[2] and cellular immunity have been postulated as important factors in pathogenesis of HZ.[4] Disseminated HZ means typical HZ associated with widespread cutaneous lesions simulating varicella and it may be associated with immunosuppression.[5]

Case Report

One 12 years moderately built well nourished female had burning and erythema over left arm since 4 days. Next day she developed erythematous, linear, grouped papules, papulovesicles in relation to second and third dorsal segments, over the extensor surfaces of left forearm, upper arm, upper back and chest. On 3rd day erythema and papulovesicles appeared over neck in relation to left 3rd and 4th cervical nerve, on left trunk in relation to left 5th, 7th and 9th dorsal segments and in left groin and lower back in the distribution of left 11th & 12th dorsal segments. On 4th day lesions spread to medial side of thigh, popliteal fossa, left lower leg and foot in relation to left 2nd to 4th lumbar segments. Some papulovesicles simulated target lesions of erythema multiforme. One almond size tender lymph node was palpable in left axilla. General physical and systemic examinations were normal. There was no history of recurrent infections or of taking immunosuppressive therapy. Her room-mate in school hostel had chicken pox 20 days back.

Hb was 11.5 gm%, TLC was 10,452/cmm. DLC was P_{54}, L_{32}, M_{04}, E_{10}. ESR was 11 mm in 1st hour, SGOT 53 IU/L and SGPT 32 IU/L. Other investigations including PBF were normal. Biopsy from left arm revealed multilocular vesicles, ballooning and reticular degeneration typical of HZ. Biopsy from left thigh revealed perivascular mononuclear infiltrate with dilatation of dermal vessels and mild spongiosis of epidermis.

Comments

Although it has been reported that involvement of single dermatome is unusual in normal children with extracranial HZ, yet such extensive multisegmental HZ is very rare. Although bilateral or unilateral multisegmental HZ has been reported in AIDS cases due to suppressed immunity, yet it is a significant finding in a patient without clinical evidence of

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suppressed immunity. Partial immunity must have resulted in localization of HZ to left side of body. CSF examination was refused by patient's mother. SGPT and SGOT returned to normal after 7 days. This is a unique case of widespread unilateral multisegmental HZ in a normal 12 years female who recovered uneventfully.

References

1. Brunell PA, Miller LH, Lovejoy F. Zoster in children. Am J Dis Child 1968; 115: 432-7.
2. Hope-Simpson RE. The nature of herpes zoster. Proc Roy Soc Med 1965: 58; 9-20.
3. Rogers RS, Tindall JP. Herpes Zoster in children. Arch Dermatol 1972: 106: 204-7.
4. Sokal JE, Firat D. Varicella-Zoster infection in Hodgkin's disease. Am J Med 1965: 39; 452-63.
5. Merseh's JG, Kaye D, Hook EW. Diseminated Herpes Zoster. Arch Intern Medicine 1964: 113; 679-86.