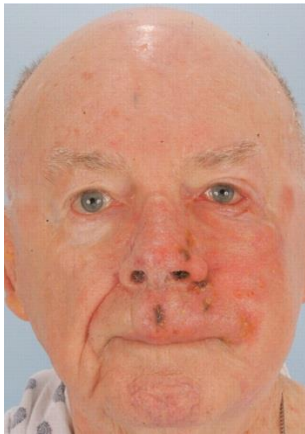


45 yo female with PMHx of HTN and OA presents to the ED with a painful, red rash to the left cheek. She explains that the symptoms began with significant sharp pain to the area and mild itching, followed by a few bumps she presumed were pimples. Within 3 days the lesions became more inflamed and diffuse. She endorses similar out breaks in the past along her right thigh which resolved on their own. Denies any sick contacts, fever, chills night sweats, trauma to the area, new ointment use, hx of STDs/STIs, bug bites, hearing changes or blurred vision. Also denies any headache, facial numbness or weakness. On Physical Exam her vitals are: BP 135/82, HR76, RR 16, Temp 36.8, SpO2 98% RA. She appears calm and pleasant, AAOx3, benign cardiac, respiratory, and GU exam. HEENT exam was remarkable for:



What should you know?

Herpes Zoster (aka Shingles) is a diagnosis of easily made by history and with a common disposition course of antivirals. However there are some things to consider especially in the case above

Overview: Herpes Zoster caused by Varicella Zoster virus which remains dormant within the dorsal root ganglion and reactivates as a rash in the classic dermatomal distribution. It is often preceded by rash, pruritis, paresthesias and vesicular maculopapular rash. We treat outbreaks within 72 hours or if new vesicles occur after 3 days with Acyclovir 800mg po five times daily for 7 days.

Consider: However in the above case our patient had a specific finding of vesicles involving the tip of the nose and side. This is called the Hutchinson's Sign which is highly suggestive of **Herpes Zoster Ophthalmicus** and changes the patient's disposition completely.

Point: This is a reactivation of herpes zoster within the nasociliary branch of ophthalmic division of the trigeminal nerve which innervates both tip and side of the nose as well as the cornea of the eye! And even though the patient has no eye complaints, a thorough eye exam including slit lap as well as ophtho consult in regards to adjuvant treatments to acyclovir.

Another diagnosis to consider is **Ramsay Hunt Syndrome** which is a reactivation of the zoster within the geniculate ganglion. Presentation includes facial pain, paresthesias, deafness, vertigo,

and/or blurred vision. This should prompt a more thorough EENT exam and possible ENT consult if tympanic membrane is involved.

So Look for the sign, Hutchinson's Sign that is, and adjust your exam appropriately.

References

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- Oto.sagepub.com
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