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Case Report | Dentistry

Oro Facial Herpes Zoster: A Case Report

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Abstract

Herpes zoster or shingles is a re activation of the Varicella zoster that entered the cutaneous nerve endings during an earlier episode of chicken pox, travelled to the dorsal root ganglia, and remained in a latent form. Nerves most commonly involved are C3, T5, L1, L2 and first division of trigeminal nerve. The condition is characterized by occurrence of multiple, painful, unilateral vesicles and ulceration which shows a typical single dermatome involvement. In this case report, we present a patient with herpes zoster involving unilateral ulcers over the right side of the hard palate.

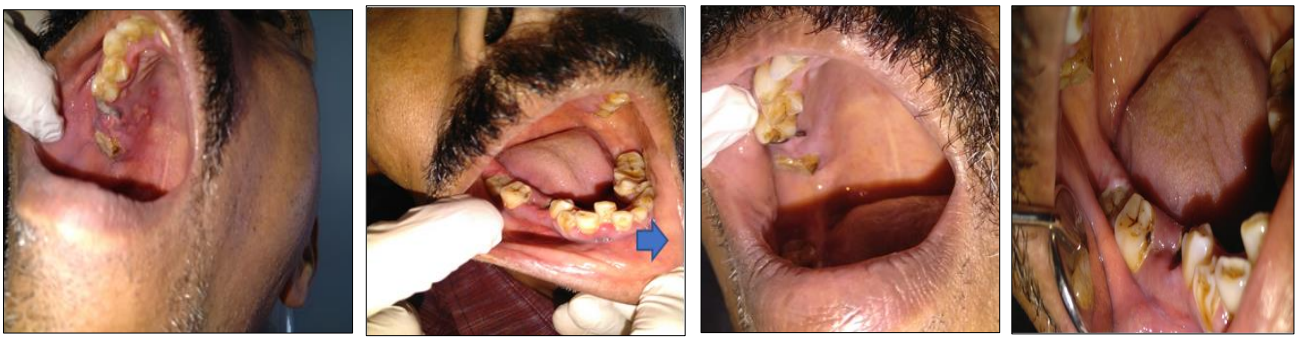
Keywords: Herpes Zoster, Unilateral Vesicular Lesions, Shingles.

INTRODUCTION

The association of varicella and herpes zoster was first made in 1892. The primary varicella infection causes an acute, mild infection and the virus subsequently establishes latency elsewhere in sensory ganglia. The viruse is then reactivated to cause herpes zoster (HZ). HZ cases present with the characteristic unilateral, localized, vesicular eruptions accompanied by neuropathic pain in the affected dermatome. This is a case report of HZ infection of 61 years old male patient who was managed with comprehensive medical treatment.

CASE REPORT

A 61year old male patient reported to the department of oral medicine and radiology with the chief complaint of pain on upper right back tooth region since 8 days. History of presenting illness reveals that pain is of severe, throbbing type, which is continuous in nature. Pain aggrevates on consumption of food and water, burning sensation present (+++), slight alteration in taste sensation (+). Pain does not relieves on taking medications. There is a history of fever 3 days back. There is no relevant medical and dental history. On intra oral examination, Small, and coalesced ulcers with scalloped borders, zosteriform pattern which is present on the posterior of hardpalate of 15,16,17 which is of 1-5 mm in diameter. A solitary white opaque ulcer with erythematous halo present on the buccal side of gingiva irt 45, which is in oval shape. Which is of sub centimeter in dimension. On palpation there was a slight tender, no bleeding, no pus discharge. Based upon on history and clinical presentation, we gave provisional diagnosis as Herpes zoster ulceration in relation to hard palate and lower right back tooth region irt 45and differential diagnosis as Herpetic Gingivostomatitis, Recurrent Aphthous stomatitis, Bechets Syndrome. Patient advised to had a bland diet, adequate hydration. Zovirax 5g1-1-1-1* 5 days (Topical application), Benzydiamine hydrochloride (Swelpen) mouthwash, Zincovit 1-0-0*15 days and patient recalled after 5 days for review. On first follow up after 5 days, intra oral lesions had healed completely and pain subsided. The patient was advised regular follow up.



After 5 days

DISCUSSION

HZ of the trigeminal nerve is a disease that falls within the diagnostic purview of all dentists and dental specialists. In1892, Von Bokay [1], first suggested the relationship between the etiologies of varicella and HZ. The first suggestion was made by Garland and Hope-Simpson [2], that HZ is caused by reactivation of latent virus acquired during varicella. Zoster-associated complications include neurologic components such as Guillian–Barre syndrome, encephalitis, myelitis, Ramsey–Hunt Syndrome, and Horner's syndrome. In general, ocular complications involve ulcerations, hemorrhage, conjunctivitis, and optic neuritis. The ophthalmic division of trigeminal nerve is most commonly affected, i.e., HZ opthalmicus. Involvement of the trigeminal nerve leads to lesions on the upper eyelid, forehead, and scalp with V1; midface and upper lip with V2; and lower face and lower lips with V3. In our case, maxillary division of trigeminal nerve was involved [3]. The cranial and peripheral nerve palsies may occur as a complication such as Ramsay–Hunt Syndrome, in which patient develops Bell's palsy, vesicles of external ear, and loss of taste sensations in anterior 2/3rd of the tongue; these three signs were not present in our case. Complications can occur in 10–46% of the patients with HZ infection [4].

The skin lesions involved in erythema multiforme may mimic these lesions, however, the unilateral lesions typically involving the dermatomes and absence of target lesions may help to exclude lesions with erythema multiforme. Recommended therapy should include (1) patient isolation, (2) local management of skin lesions, (3) control and elimination of pain, (4) limitation of the extent, duration, and severity of the disease with antiviral agents, and (5) treatment of post-herpetic neuralgia. Acyclovir has been the drug of choice; given in a dosage of 800 mg four times a day for 10 days.

Recently, newer forms of antiviral drugs have been developed, specifically to address the acute stage of HZ (Famciclovir) and for use in immune-competent patients (Valacyclovir). In the former, the dosage is 500 mg every 8 h for 7 days; for the latter it is 1 g three times daily for 7 days.

Recent treatment modalities include lysine/arginine usually given at 300–1200 mg dosage per day. Topical zinc treatment is applied as topical solution of zinc sulphate (4%) in water four times daily for 4 days. Vitamin C is given as 200 mg ascorbic acid and 200 mg as water-soluble flavonoids (apparently from citrus) three times daily for 3 days. Oral zinc treatment includes oral administration of 23 mg zinc sulphate and 250 mg vitamin C, each twice daily for 6 weeks. Vitamin E was given in uncontrolled trials; topical application of vitamin E relieved pain and aided in the healing of oral herpetic lesions (gingivostomatitis or herpetic cold sores). The affected area was dried and cotton saturated with vitamin E oil (20000–28000 IU per ounce) was placed over it for 15 min. Adenosine monophosphate is also given; each injection contained 1.5–2.0 mg per Kg body weight and was administered every other day for a total of 9–12 treatments.

Extracts of the leaves of lemon balm (Melissa officinalis) have been investigated as a topical treatment for Herpes simplex. The lithium preparation or a placebo was applied topically four times daily for seven days, beginning within 48 hours of the onset of lesions.

CONCLUSION

It is known that the patients with Herpes are infectious until the lesions have healed. Hence, the early diagnosis and treatment of the disease in the prodromal phase by the use of antiviral agents should be the main goal of its management.

Therefore, dentists should have a thorough knowledge about the presentation of the condition, its treatment, and probable complications. Differential diagnosis is very important to ensure that correct treatment is performed.

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