

## A Rare Case of Multidermatomal Herpes Zoster

### Um Caso Raro de Herpes Zoster Multidermatomal

**Keywords:** Herpes Zoster/diagnosis; Herpes Zoster/drug therapy

**Palavras-chave:** Herpes Zoster/diagnóstico; Herpes Zoster/tratamento farmacológico

Dear Editor,

Herpes zoster (HZ) is a common condition, typically diagnosed based on clinical history and physical examination, allowing early treatment without the need for additional diagnostic testing.<sup>1,2</sup>

In addition to the classic clinical presentation, rare cases have been described, mostly in immunocompromised and/or elderly patients, in which the rash spreads across two or more contiguous dermatomes on one hemibody, without crossing the midline and without known disseminated disease, termed multidermatomal herpes zoster (MHZ).<sup>3,4</sup>

We report the case of a 60-year-old woman who presented to her family doctor with a vesicular rash on the right posterior cervical region and right upper limb, along with complaints of allodynia and paresthesias in the affected dermatomes, with onset two days prior. She reported prodromal paresthesias, describing a “burning sensation” at the affected sites for the eight days preceding the onset of the rash. Her medical history was significant for hypertension, major depressive disorder, and cervical spondyloarthritis, and her daily medications included lisinopril 20 mg and sertraline 100 mg. Physical examination revealed multiple

clusters of vesicular lesions with serous content on an erythematous base, distributed across the right posterolateral cervical region and right shoulder, corresponding to the C3, C4, and C5 dermatomes (Fig. 1). A diagnosis of MHZ was made, and treatment was initiated with 125 mg brivudine (daily, for seven days), given the simplicity of the therapeutic regimen compared to other antivirals, along with 50 mg tramadol (twice daily), and 75 mg pregabalin (twice daily). Laboratory tests, including complete blood count, HIV-1 and -2 antibodies, and serum immunoglobulins G and M, revealed no significant abnormalities. Four weeks after diagnosis, the patient was asymptomatic and discontinued all ongoing therapy. Vaccination against herpes zoster was recommended for recurrence prevention, with an interval of one year after symptom resolution.

This case underscores an atypical presentation of herpes zoster, emphasizing the need to avoid diagnostic delays. Timely recognition is crucial, as early treatment is well established to reduce symptom duration and severity, and to prevent potential complications.<sup>2</sup> As one of the few cases reported in an immunocompetent patient, this presentation challenges current etiopathogenic hypotheses centered on states of immunosuppression. However, the patient's age cannot be ruled out as a contributing factor, given the expected progressive decline in T cell-mediated immunity following primary varicella-zoster virus infection.<sup>1</sup> Finally, the authors consider the excellent clinical response to guideline-based therapy for classic HZ to be noteworthy, as there are no specific guidelines for MHZ to date.



**Figure 1** – Physical examination showing multiple clusters of vesicular lesions with serous content on an erythematous base (A), distributed across the C3, C4, and C5 dermatomes of the right hemibody (B), prior to initiation of treatment

## PREVIOUS AWARDS AND PRESENTATIONS

The reported case was presented at the *VI Jornadas do Núcleo do Internato AceS Gerês/Cabreira*, having been awarded 2<sup>nd</sup> place.

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The authors have declared that no AI tools were used during the preparation of this work.

## AUTHOR CONTRIBUTIONS

SRF, AM: Study design, data acquisition and analysis, image collection, writing and critical review.

SVS: Study design, data acquisition and analysis, writing and critical review of the manuscript.

RF, JVRF: Writing and critical review of the manuscript.

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## PROTECTION OF HUMANS AND ANIMALS

The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association updated in October 2024.

## DATA CONFIDENTIALITY

The authors declare having followed the protocols in use at their working center regarding patients' data publication.

## PATIENT CONSENT

Obtained.

## CONFLICTS OF INTEREST

The authors declare that they have no conflicts of interest related to this work.

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