Article received on March 10, 2016 and accepted for publishing on April 12, 2016.

Mucous herpes zoster in elderly

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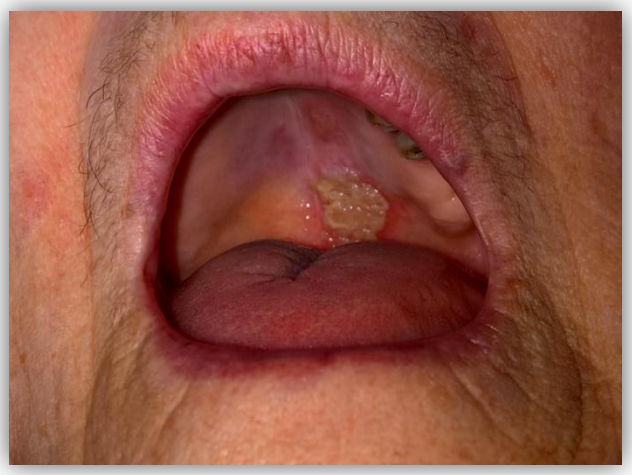

78 years old female is admitted in hospital for low back pain with moderate dysfunction and headache, secondary associated with vesicular/ pustular and ulcerative lesions in the mouth (image).

The patient has a cardiovascular medical history with severe arterial hypertension, grade 1 atrio-ventricular block, paroxistic atrial fibrillation, mitral and tricuspidian regurgitation, congestive heart failure NYHA II and chronic renal disease stage IIIB.

Biologic findings shows slight normochrome anemia, WBC was within normal range and no signs of inflammation. Ag Hbs, Ac anti HVC, HIV were negative. Beta haemolitic streptococcus and staphylococcus aureus were absent.

The imagistic standard evaluation (ultrasound) has normal findings.

Patient developed an erythematous patch on the soft palate, with pustules and ulcerations, slightly painful, and some vesicles on the left side of the tongue. No lymphadenopathy was present. It was interpreted as mucous herpes zoster and Acyclovir treatment, 4 grams daily for 7 days was initiated. From the 5th day the subjective symptoms disappeared and local manifestations tend to diminish.

Herpes zoster is the result of VZV reactivation and its spread from a single ganglion to the neural tissue of the affected segment and the corresponding cutaneous dermatome. When the virus is located and multiplies in the geniculate ganglion, facial, aural, and oral lesions of herpes zoster may emerge. Reactivation in the geniculate ganglion can lead to facial nerve (VII) paralysis (because sensory and motor nerves conjoin in nerve VII). VZV and HSV account for the majority of cases of Bell palsy (idiopathic facial paralysis). Our case was not one of those.

Under treatment, evolution was favorable, and 1 month after stopping treatment there were no residual symptoms.

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