

EDİTÖRE MEKTUP / LETTER TO THE EDITOR

Manifestation of intra-oral Herpes zoster in hard palate without cutaneous involvement

Deri tutulumu olmaksızın Herpes zosterin ağız içi sert damak içinde görülmesi

Kumuda Rao¹, Subhas G Babu¹, Renita Lorina Castelino¹, Urvashi A Shetty², Supriya Bhat¹, Medhini Madi¹, Ananya Madiyal¹

¹NITTE University, A.B.Shetty Memorial Institute of Dental Sciences, Department of Oral Medicine and Radiology, ²Department of Oral Pathology and Microbiology, Mangalore, India

Cukurova Medical Journal 2018;43(3):770-771

Dear Editor,

Herpes zoster (HZ) also called as shingles is an acute infectious viral disease characterized by inflammation of dorsal root ganglia or extra medullary cranial nerve ganglia. It is associated with vesicular eruptions of the skin or mucous membrane in areas supplied by the affected nerves. This article reports a rather uncommon and interesting case of 52-year-old man with HZ infection involving the left greater palatine branch of maxillary division of trigeminal nerve presenting with manifestations isolated to the left half of the hard palate which is a clinical rarity.

HZ is a disease which is extremely painful and of incapacitating nature resulting from reactivation of the varicella-zoster virus. It mainly affects distribution of the maxillary and mandibular divisions of the trigeminal nerve and is characterized by painful vesicular eruptions of the skin and oral mucosa in the distribution of the affected nerves¹. The rupture of vesicles on the skin and lips, can result in erosions covered by pseudo membranes and haemorrhagic crusts. In the existing literature, oral lesions without facial skin involvement are very infrequent².

A 52 year old male patient reported to the Department of Oral Medicine and Maxillofacial Radiology with chief complaint of fever associated with burning sensation and pain in the left side of the palate since 2 days. Patient did not give history

of any such symptoms previously. The medical history of the patient was otherwise non-contributory, but the patient revealed that he had suffered from chickenpox in his childhood. The dental history of the patient was non-contributory. Patient had no history of substance abuse. Extra-oral examination revealed no abnormalities

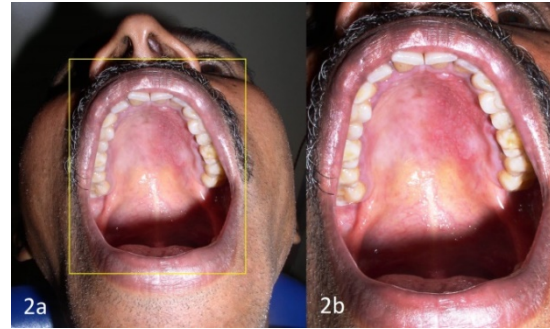


Figure 1a and 1b: Intraoral image of the patient showing herpes zoster infection of the left half of the hard palate.

Intra-oral examination revealed multiple ulcerations on an erythematous background with respect to the left half of the hard palate (Figure 1a). The lesions extended from the mid-palatine raphe medially; laterally the lesions covered the hard palate but did not involve the gingival margin. The lesions were limited only to the left half of the palate (Figure 1b). Patient complained of difficulty in speech and eating due to pain and burning sensation. Based on the history, clinical manifestation and intra oral

examination of the hard palate a provisional diagnosis of herpes zoster infection of the hard palate was made. The patient was prescribed Valacyclovir 1g orally thrice a day for 7 days. As the patient hailed from a distant place, follow up was made for 3 months through telephonic conversation and he reported improvement in his symptoms with uneventful healing. The clinical features of HZ of the trigeminal nerve branches caused by VZV consist of erythematous macules, papules, vesicles, bullae, small ulcers and erythematous plaques³. It is characterized by prodromal pain, burning or tingling sensation which is followed by vesicles and ulcers in the distribution of the sensory nerve, unilateral lesions and post herpetic neuralgia in the involved dermatomes like in other peripheral nerves⁴. Our patient presented with the similar clinical features isolated to the left side of hard palate only. Although HZ can affect the patients of any age, it is more often seen in patients who are over the age of 50 years⁵. The patient reported to our department was 52 years old. These vesicles break rapidly, leaving behind small ulcers. The vesicle seen on skin and lips rupture resulting in erosions covered by pseudo-membranes and hemorrhagic crusts following the first week of vesicle formation. They gradually disappear in the second or third week². Intra-oral lesions without facial skin involvement are rather seen infrequently⁶. Our patient reported to us within 2-3 days of the appearance of multiple vesicles over the left half of hard palate with an erythematous base. The significant finding pertaining to this case is that the patient was totally devoid of any cutaneous manifestation. The early diagnosis and prompt treatment of HZ in the prodromal phase itself by the use of antiviral agents is the ideal method of management. This is shown to decrease the duration of HZ rash and the severity of pain associated with it⁷. Due to the early diagnosis and treatment with antiviral drugs our patient showed good response to treatment.

HZ infecting the trigeminal nerve makes upto 20% of the cases; hence it is the duty of oral physicians to have a thorough knowledge about the clinical presentation of this condition, its treatment and the possible complications. Before the commencement of any dental therapy an intraoral examination is necessary when skin facial lesions are observed by medical/dental professionals. As the manifestations of intra-oral trigeminal HZ resemble other oral lesions, the oral practitioners must be aware about the varied clinical manifestation, differential diagnosis and definitive treatment modalities of the same.

REFERENCES

1. Cohrs R.J., Gilden D.H., Mahalingam R. Varicella zoster virus latency, neurological disease and experimental models: an update. *Front Biosci.* 2004;9:751-62.
2. Wadhawan R, Luthra K, Reddy Y, Singh M, Jha J, Solanki G. Herpes zoster of right maxillary division of trigeminal nerve along with oral manifestations in a 46 year old male. *International Journal of Advanced Biological Research.* 2015;5:281-4.
3. Makos C, Noussios G, Peios M, Balabanis G, Evangelinou C. Herpes zoster of the trigeminal nerve-two cases reports. *The Internet Journal of Neurology.* 2010;13:1-6.
4. Finkelstein MW. A guide to the clinical differential diagnoses of oral mucosal lesions. Crest® Oral-B® at dentalcare.com Continuing Education Course, Revised. July 22, 2010.
5. Vijayabala GS, Shettar SS, Annigeri RG, Sudarshan R. Herpes zoster of the trigeminal nerve. *Journal of Clinical and Diagnostic Research.* 2012;6:1365-6.
6. Donahue, J.G., Choo, P.W., Manson, J.E., Platt, R. The incidence of herpes zoster. *Arch Intern Med.* 1995;155:1605-9.
7. Nurimiko, T., Bowsher, D. Somatosensory findings in postherpetic neuralgia. *J Neurol Neurosurg Psychiatry.* 1990;3:135-41.