

Facial Herpes Zóster – Case Report

Herpes Zóster Facial – Relato de caso

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Resumo

Este artigo descreve um caso de zoster facial o qual afetou um paciente do sexo masculino de dezesseis anos de idade. Suas ulcerações comprometiam a hemiface direita não ultrapassando a linha média facial. Foram realizados a observação e o acompanhamento do paciente durante e após o tratamento. O caso foi acompanhado do aparecimento das lesões até o processo final de cicatrização, onde o paciente retornou à sua condição de vida normal. A infecção por herpes zoster parece ser o resultado de um sistema imunológico enfraquecido e os pacientes portadores devem ser monitorados a fim de detectar possíveis sequelas ou doenças oportunistas não diagnosticadas.

Palavras-chave: Herpes zóster. Infecção. Varicela

Abstract

This article describes a case of facial zoster which affected a sixteen-year-old male patient. His ulcerations involved the majority of the right hemiface not surpassing the facial midline. The observation of follow-up of the patient during and after treatment was accomplished and the case was followed up from the appearance of the lesions up the final healing process, where the patient had returned to his normal life condition. Herpes zoster infection seems to be an outcome of a weakened immunologic system and patients must be monitored in order to detect possible sequels or undetected non-diagnosed diseases.

Keywords: Herpes zoster. Infection. Varicela

Introduction

Herpes zoster is a viral disease commonly known as shingles, and is usually characterized by extremely painful rash involving the skin of the patients along with blisters which involve a particular area, usually coming along with the trajectory of a particular neural branch, appearing in stripes as a result of reactivation of latent varicella zoster virus (VZV), originated from the dorsal ganglion of sensory nerves more commonly found in elderly patients for the fact that the immunologic system tends to weaken as a result of getting older. Nevertheless, it may also infect younger patients, even in intrauterine life (BOON et al., 2006). The mechanism by which the virus is reactivated is not fully understood yet, but it seems to be related to some sort of deficiency in immunity of determined groups of patients. Immunodeficient patients are more likely to develop this disease; such as HIV infection and immunosuppressive therapies, especially those with radiation (JOHNSON; DWORKIN, 2003; ARNDT et al., 1999). It seems the virus spread from one or more ganglia and follow the segment of the corresponding nerve, infecting the area of skin

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which is supplied by that spinal nerve, also called dermatome (PETERSLUND, 1991; GILDEN, 2003). Depending on the dermatome involved, the proper diagnosis is accomplished through a complete physical examination and through the history of the patients; sometimes with laboratorial tests that detect VZV-specific IgM antibody in blood; which are active during chickenpox or herpes zoster (ARWIN, 1996). Patients infected with zoster virus usually report excruciating pain, and match with some of the following medical history: history of chicken pox as children; neuropathic pain following a certain dermatomal path and presence of prodromal symptoms; the non-specific symptoms are fever, headache and itching and burning sensation in the involved area; anyone who developed chicken pox may eventually develop herpes zoster (STANKUS et al, 2000). The aim of this article is to report a case of facial zoster which affected a sixteen year old male patient.

Case Report

A sixteen-year-old male patient named W.B.S, who lived in Camaragibe, Pernambuco-Brazil, came up to the urgency service of the Face Hospital from Pernambuco in August 4th 1997. The patient was dyspneic, aphonic and feverish with edema and ulcerations involving the majority of the right hemiface. The ulcerations did not surpass the facial midline. The patient also reported headache and a burning sensation that according to him was persistent and extremely discomfoting (Figure 1). The edema also reached the right eye, impeding him to open it completely.

Figure 1: Ulcerations involving the right facial hemiface not surpassing the facial midline.



Figure 3: Ten month follow-up-period showing the healing of the ulcerations and presence of scars



The patient reported excruciating pain and itching in the affected hemiface. The initial medical procedures took place with the use of steroidal anti-inflammatory drugs and the patient exhibited a breathing improvement. Judging from the general facial aspect of the lesion, it was suggested the diagnosis of herpes zoster. A supportive therapy associated with 800 mg of acyclovir applied every 6 hours orally for 7 days took place, as well as the cleaning of the ulcerations under hospitalar care. Following a three-day-period after the medical therapy, the patient showed a considerable relief of the symptoms and improvement of the general health condition, with the reduction of the edema, moderate pain and no fever. After a seven-day-period, the patient was able to speak normally and eat painlessly. He could also open his right eye normally again.

After a ten-month follow up period, the patient was healed and showed no symptom at all.

Figure 2: General aspect of the patient after a seven-day-period. The healing of the blisters and the involution of the edema improved his general condition.



Discussion

Herpes zoster is an infection with many repercussions in the human body depending on the region it affects. One of the main desirable questions is how to establish an early diagnosis for this illness before it becomes clinically detected with patognomonic signs and therefore dentists are usually called to claim if the pain may or not be of dental origin. Patients recovering from herpes zoster usually get over well and take over their lives naturally after healing, but some situations need to be checked after an infection of such nature. Reports of pulp devitalization in multiple teeth have been made by some authors (GOON, 1988; GREGORY et al., 1975), although the process is not fully understood; it is believed that by following the neural branch the virus may be able to reach the pulp and necrotize it. Other authors cite studies showing injury to odontoblasts and their degeneration from systemic viral infections (SELTZER; BENDER, 1975). Other studies have correlated trigeminal herpes zoster infection with the development of oral complications such as internal root resorption; facial scarring, osteonecrosis as well as tooth exfoliation^[9]. Another important triggering factor is the emotional condition of the patient; it has been documented that emotional stress seems to be an important factor for the onset of the infection



(SCHMADER et al., 1990). One of the most important aspects that the professional must keep in mind by facing an herpes zoster infection is that the illness itself may indicate a presence of a non-diagnosed malignant neoplasm, such as Hodgking's disease, leukemias, lymphomas or HIV association (NAGINGTON et al., 1986; LADRIERE et al., 2001) because, most of all, the weakened immunologic system seems to be the major cause of varicella virus infection, and therefore the possibilities must be seeked. A panoramic x-ray may show alveolar crest destruction associated with mandibular pain on the side of the infection and in other cases granulomas or cysts may be visible some time after the illness. Thermal and electric pulp tests may help dentists avoid mistreatments.

Conclusions

Herpes zoster infection seems to be an outcome of a weakened immunologic system and after infection patients must be monitored in order to detect possible sequels or undetected non-diagnosed diseases.

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