CASE REPORT

RECURRENT ZOSTERIFORM HEREPS SIMPLEX :AN UNUSUAL PRESENTATION

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ABSTRACT: INTRODUCTION: Vesicular lesions present in a zosteriform appearance are usually due to herpes zoster [varicella zoster virus], but uncommonly can denote zosteriform herpes simplex [herpes simplex virus]. Such lesions if recurrent that too in an immunocompetent host is unusual & worth reporting. **CASE REPORT:** We present a case that came to OPD with chief complaints of recurrent painless fluid filled eruptions over lower back. The frequency of recurrence was about once in 6-7 months & the lesions appeared sometimes on lower back & sometimes on lower abdomen. On performing tzank smear, syncytial cells were seen. Serologically, IgG antibodies for herpes simplex virus were found. **CONCLUSION:** Thus, it was a case of recurrent zosteriform herpes simplex presenting in contralateral dermatomes. We are reporting this case because of its unusual presentation & rarity.

KEY WORDS: recurrent herpes simplex, contralateral dermatome, herpes zoster

Conflict of interest: none

INTRODUCTION: Herpes simplex virus (HSV) infection, though most commonly seen in the oral, perioral and genital areas, can occur anywhere on the body. After primary infection, HSV then establishes latency in sensory nerve ganglia and reactivates intermittently, precipitated by various factors. Vesicular lesions present in a zosteriform appearance are usually due to herpes zoster [varicella zoster virus], but uncommonly can denote zosteriform herpes simplex [herpes simplex virus]. Recurrence of zosteriform vesicular lesions in the contralateral dermatome has been rarely reported, that too, only in immunocompromised individuals. Herein, we report the recurrence of zosteriform vesicular lesions on the contralateral dermatome in an immunocompetent individual.

CASE REPORT: A 30 yrs old male came to OPD with chief complaints of recurrent painless fluid filled eruptions over lower back. On examination, erythematous papulovesicular eruptions were present over right half of the sacral area [figure 1]. There was crusting at few sites. On the right half of the suprapubic area, post-inflammatory hypopigmented scars were seen, suggestive of post-zosteriform vesicular lesions sequelae [figure 2]. The frequency of recurrence was about once in 6-7 months & the lesions appeared sometimes on lower back & sometimes on lower abdomen. On performing tzank smear, syncytial cells were seen. Serologically, IgG antibodies for herpes simplex virus were found. His human immunodeficiency virus - enzyme linked immunosorbent assay (HIV-ELISA) was negative.

DISCUSSION: Herpes zoster has been reported to recur in the corresponding contralateral T10 dermatome in a patient with HIV (duplex symmetricus). ^[1] Also a case of Recurrence zosteriform

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lesions on the contralateral dermatome has been reported from India^[2]. However, diagnosis of etiological agent was not confirmed in these reports. Some authors believe that recurrent zoster is an extremely uncommon event and most of the cases clinically diagnosed to be recurrent herpes zoster turned out to be zosteriform herpes simplex on confirming the etiological agent. ^[3] Recurrence of zosteriform herpes simplex is common and usually it recurs on the same side. ^[4] However, zosteriform herpes simplex occurring in the contralateral dermatome has been reported in animal studies. ^[5]

CONCLUSION: Thus, if an immunocompetent patient presents with recurrent vesicular eruptions at extra oral or genital site, the patient should be evaluated for the etiological agent as it might be a case of recurrent zosteriform herpes simplex presenting in contralateral dermatomes. We are reporting this case because of its unusual presentation & rarity.

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Fig. 1: Erythematous papulovesicular eruptions over right half of sacral area

Fig. 2: Post inflammatory hypopigmented scars over right half of suprapubic area

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