

HERPES SIMPLEX IN THE COURSE OF ZOSTER

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Herpes simplex can, almost always, be easily differentiated clinically from zoster. In rare instances however, herpes simplex virus may have to be identified with fluorescein labeled antisera (1).

Report of a Case

A 34-year-old female, with apparently general good health, felt a burning sensation of the right shoulder region which she gave no attention till three days later, two painful red patches appeared over the right shoulder. The course of this illness was characterised by fluctuant fever. Three days later, the patient developed bilateral painless eruption at the angles of the mouth and on the lower lip. This eruption was not preceded by any burning sensation. Within two days a third patch was noted over the nape on the right side i.e. the same side of previous eruption and, similarly, a burning sensation was felt in the area of this lesion.

On examination the patient's general health was quite satisfactory. Clinical examination of the patient on her first visit revealed two erythematous patches topped with multiple small vesicles near the anterior axillary fold and just posterior to the medial end of the clavicle at the root of the neck. Marked tenderness of the erythematous patches and the surrounding apparently normal skin was noted.

On the second visit, the patient was seen with multiple bilateral small vesicles with a faint erythematous base involving the

lower lip particularly at the angles. The mouth lesions were neither tender nor painful. Laboratory investigations including urine, stools, C.B.C., S.R., and serum proteins were all normal.

Diagnosis

The diagnosis of herpes simplex occurring in the course of zoster was so evident that no laboratory confirmation was felt needed; the bilateral affection of the angles of the mouth, the mild inflammatory base, the freedom from burning sensation, the absence of tenderness and the short course of herpes simplex lesions as compared with the dermatomal arrangement of the zoster lesions corresponding to the third and fourth cervical segments, the marked inflammatory base, the burning sensation, the marked tenderness, the longer course and the further development of a third patch along a related dermatomal segment viz. the second servical point, without doubt, to the occurrence of herpes simplex in the course of zoster.

Course

The lesions of herpes simplex began to fade in two days time and was completely cured within a week while those of zoster were completely cured within three weeks.

Comment

The concomittant occurrence of herpes simplex and zoster was first reported by

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Kahn (2). The presented case is similar to that reported by Kahn in that the course of herpes simplex and zoster was not altered; both infections ran their own course quite independently denoting that the occurrence of herpes simplex, in the presented case, might have been precipitated by the fever that characterised the zoster infection (3) and that, apparently no viral antagonism exists between the herpes simplex and zoster viruses, a phenomenon that is noted with some viruses (4).

SUMMARY

The simultaneous occurrence of herpes simplex and zoster is very rare; only one

case is reported in the literature. Another case is herein presented.

REFERENCES

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