신경근육재활 및 전기진단

게시일시 및 장소 : 10 월 18 일(금) 13:15-18:00 Room G(3F)

질의응답 일시 및 장소 : 10 월 18 일(금) 15:45-16:30 Room G(3F)

P 2-150

Herpes zoster radiculopathy : A Case Report

Hyeonseong Kim[1*], Kyu Hoon Lee[1†], Ji Won Jung[1], Youjin Jung[2], Youngsuck Ro[2]

Hanyang University Medical Center, Department of Rehabilitation Medicine[1], Hanyang University Medical Center, Department of Dermatology[2]

Introduction

Herpes zoster is a painful disease which is caused by varicella zoster virus. Stabbing pain, numbness and erythematous vesicular rash can be shown in patients with herpes zoster infection. As well, neurologic complications such as postherpetic neuralgia or herpes zoster radiculopathy paresis can be accompanied with above symptoms.

Case presentation

A 64 years old woman with a history of asthma presented stabbing pain and skin rash on right anterior shoulder 5 days ago. On physical examination, there were multiple erythematous grouped vesicles on right C4-T2 dermatome region, with itching sensation and stabbing pain. Initally, her first impression was herpes zoster infection and intravenous acyclovir (250mg per 8 hours) was given immediately from 1st to 10th hospital day. With antiviral treatment, her stabbing pain improved. On 6th hospital day, however, she complained of motor weakness in right upper extremity. On physical examination, motor strength of right upper extremity was measured as, shoulder flexor 2-/5, shoulder abductor 2-/5, elbow flexor 4/5, elbow extensor 4/5 and wrist extensor 4/5. At 12th hospital day, electrodiagnostic study was performed. Needle electromyography showed evidence of active denervation in right deltoid, teres minor, infraspinatus, biceps, flexor carpi radialis, brachialis and cervical paraspinalis muscles, which are innervated by C5, 6 roots. Motor nerve conduction study showed delayed onset latency of right axillary CMAP, while right median, radial, ulnar, suprascapular and musculocutaneous CMAPs were normal. In conclusion, these electromyographic findings were suggestive of right cervical radiculopathy, mainly C56 root. During hospital courses, occupational therapy and electrical stimulation therapy were done to prevent muscle wasting. Strength of right shoulder flexor was slightly improved to 2/5 after 3 weeks from the onset of symptom and she discharged from hospital. After that, she visited outpatient department after 2 weeks from the discharge and physical examination showed that her symptom has been improved as shoulder flexor 2+/5.

Conclusion

Unlike common incidence of herpes zoster infection, herpes zoster radiculopathy is rare complication and treated separately from vesicular skin rash2. Although the pathology of herpes zoster radiculopathy is not clear, there is presumption that virus develops local neuritis in the spinal nerve and gains access to motor axons3. With medical history and electromyographic findings, women in this case was diagnosed as herpes zoster radiculopathy and treated with antiviral agent, occupational therapy and electrostimulation therapy. This case emphasizes that clinicians should consider possibility of postherpetic paresis such as herpes zoster radiculopathy, and electrodiagnostic study as a helpful diagnosis tool.

Acknowledgment :Reference (1) Kost RG, Straus SE. Postherpetic neuralgia--pathogenesis, treatment, and prevention. N Engl J Med 1996;335:32-42. (2) Hooi Khee Teo, A Rare Complication of Herpes Zoster: Segmental Zoster Paresis, Case reports in medicine, Volume 2016, Article ID 7827140, 3 pages (3) Dumitru D. Generalized peripheral neuropathies. In: Dumitru D. Electrodiagnostic medicine. Philadelphia: Hanley & Belfus, Inc;,