

Introduction

- Reactivation of Varicella zoster virus (VZV) from latently infected ganglia can lead to cranial nerve palsies.
- It is widely reported that VZV infections involve cranial nerves V, VII and VIII.
- The involve CN IX and X associated with pharyngeal dysphagia has only rarely been reported.
- We report a rare case of pharyngeal dysphagia caused by VZV infection only with unilateral multiple ulcerative lesions and dysphagia without any other symptom caused by VZV infection.

Case Presentation

- **Chief complaint**
 - Dysphagia & sore throat
- **Age / Sex**
 - 69 / M
- **Present illness**
 - Dysphagia, which started gradually from 1 week ago
 - Liquid and solid food is passed, but pain when swallowing (Odynphagia)
 - Pain in the right side of the neck, even when not eating
- **Physical & neurological examinations**
 - No specific findings except for dysphagia Sx
 - Especially with no facial palsy or hearing loss
- **Further evaluations**

① Pharyngeal enhanced computed tomography (ECT)
 - No specific findings except for the enlarged LNs

② Laryngoscopy
 - Multiple ulcerative mucosal lesions on the right soft palate and right lateral pharynx (Fig. 1A)

③ VZV polymerase chain reaction (PCR) and diagnostic immunoassay tests

VZV IgM	Negative
VZV IgG	Positive
Varicella-Zoster DNA	Weakly Positive

④ Videofluoroscopic swallowing study (VFSS)
 - Presence of pharyngeal dysphagia such as weak swallow reflex, aspiration and bolus retention (Fig. 2)

- **Assessment & Treatment**
 - Under suspicion of VZV infection
 - Oral valacyclovir (500mg/day for 7 days)

➤ Progression

- Twenty days after treatment, the ulcerative lesions in the soft palate and pharynx and sore throat had disappeared (Figure 1B) but the dysphagia symptom remained.
- The patient was recommended for swallowing-rehabilitation treatment and is currently under outpatient clinic follow-up.

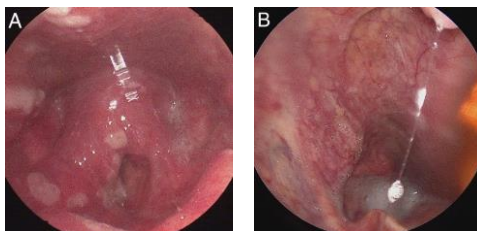


Figure 1. Laryngoscope images. Prior to antiviral therapy (A) and post-treatment images (B)



Figure 2. Videofluoroscopic swallowing study (VFSS). Aspiration of liquid and SBD food test and bolus retentions

Conclusion

- This case highlights the impotence of recognizing that dysphagia caused by VZV can occur even without other symptoms of vocal cord paralysis or skin lesions, and early initiation of antiviral drug treatment is crucial to prevent long-lasting neurological complications.
- When a patient presents with these symptoms, we recommend to suspect VZV infection early and start prompt management with antiviral and rehabilitation treatment for the preservation of functional improvement and the patient's quality of life.