

Unusual and memorable

Case Number 22: An interesting case of herpes zoster in rheumatoid arthritis

Series editor: Gary D Wright

An 82 year old woman with seronegative rheumatoid arthritis was admitted during a flare in her disease. Since diagnosis five years previously her arthritis had been managed with low dose oral corticosteroids at a dose of 10 mg daily.

Shortly after admission she complained of severe pain on the sole of the

left foot. Examination at the time showed a discrete area of vesicular eruption (fig 1). Oral antiviral treatment (acyclovir) was started for herpes zoster. Within 24 hours she had developed a more extensive zoster rash distributed over the posterior aspect of the left leg from ankle to buttock in the S1/S2

dermatome (fig 2). Symptomatically the neuralgic pain completely settled within two days while the rash persisted for a further few weeks.

Herpes zoster infection is well documented in patients with rheumatoid arthritis, particularly those receiving oral corticosteroids and methotrexate.¹⁻⁴ Although most cases are limited to the typical cutaneous zoster eruption, more complicated infections can occur such as disseminated cutaneous herpes zoster complicated by necrotising fasciitis,⁵ herpes zoster encephalomyelitis,⁷ and lower motor neurone paresis.⁸ Sciatic nerve involvement is unusual in herpes zoster reactivation.

E Campalani, G K Meenagh, M B Finch,
Department of Rheumatology, Royal Victoria Hospital, Grosvenor Road Belfast BT12 6BA, UK

Correspondence to: Dr Meenagh;
garymeenagh@yahoo.co.uk



Figure 1 Vesicular eruption on the sole of the foot.



Figure 2 Herpes zoster rash.

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