

## Herpes Labialis with Ophthalmicus- A Rare Dual Phenomenon

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### ABSTRACT

**Back ground:** Herpes zoster, or shingles, is a painful viral infection caused by the reactivation of the varicella-zoster virus (VZV), the same virus as chickenpox, resulting in a blistering rash, often on one side of the body or face, accompanied by burning pain, tingling, and itching, which can develop into postherpetic pain. It typically appears as a band of fluid-filled blisters that crust over in a few weeks, with early symptoms including headache, fever, and fatigue. Herpes labialis appears on lips and ophthalmicus involves eyes, usually one sided but simultaneous involvement is uncommon. Treatment with antiviral medications can reduce severity, and vaccination is available to prevent it.

**Case Report:** A sixty-year-old male patient, a known case of any chronic hepatitis B, on antiviral treatment, presented with acute pain on lips with tingling sensation, for last one week. It was associated with malaise, feverishness, anorexia and vomiting. After, a gap of three days, herpetic vesicular lesions appeared on the lips. The dermatologist opinion was taken who confirmed it to be herpes labialis and started on oral and topical antiviral treatment, along with anti-inflammatory drugs. The patient within next forty eight hours developed vesicular lesions near left eye. It was associated with redness and watering from eye. The ophthalmologist opinion confirmed it to be herpes zoster ophthalmicus. The abdominal, cardio-vascular, respiratory, neurological examination was essentially normal. The already prescribed treatment in form of antiviral and anti-inflammatory was continued. The herpetic lesions both along eye and lips crusted and ultimately healed completely. The patient was discharged under hemodynamically stable condition.

**Conclusion:** Herpes zoster is commonly seen, especially in immunocompromised and elderly patients. It commonly affects thoracic area but other areas like herpes labialis, or eye involvement can also occur but simultaneous involvement is uncommon.

**Keywords:** Herpes Zoster; Herpes labialis; Herpes Ophthalmicus; Itching; Redness of eyes

### INTRODUCTION

Varicella Zoster virus (VZV) infection was first documented in the writings of ancient civilizations as a vesicular rash of unknown causes. A relationship between herpes zoster and chickenpox was suggested in 1888 and was finally proven in the 1950s. Since then, much progress has been made in preventing and treating the

disease with the introduction of a live attenuated vaccine in 1974, treatment with acyclovir in the 1980s, and complete DNA sequencing in 1986, all of which may ultimately lead to the eradication of VZV infection.<sup>[1]</sup>

Herpes zoster (HZ) is the reactivated form of the Varicella Zoster virus (VZV), the same virus responsible for chicken pox. HZ is more commonly known as shingles, from the Latin cingulum, for “girdle”. This is because of common presentation of HZ involves a unilateral rash that can wrap around the waist or torso like a girdle. Similarly, the name zoster is derived from classical Greek, referring to a belt like binding (known as a zoster) used by warriors to secure armor.<sup>[2]</sup> Herpes zoster is caused by Varicella Zoster virus, a neuro-dermotropic virus which is distributed worldwide. It is characterized by unilateral radicular pain and grouped vesicular eruption that is generally limited to the dermatome innervated by a single spinal or cranial sensory ganglion. It occurs as a result of reactivation of the latent virus from within the sensory ganglion following an earlier attack of varicella.<sup>[3-5]</sup> The most commonly affected dermatomes are the thoracic (45%), cervical (23%), and trigeminal (15%).<sup>[6,7]</sup> Herpes zoster ophthalmicus (HZO) is a potentially vision-threatening reactivation of varicella zoster virus involving the ophthalmic branch of the trigeminal nerve. Immunocompromised patients are at higher risk for complications, including keratitis, vision loss, and central nervous system (CNS) involvement. Herpes labialis (cold sores) with ophthalmic involvement, known as Herpes Simplex Ophthalmicus (HSO) or Herpes Zoster Ophthalmicus (HZO) when caused by shingles, is a serious, sight-threatening condition requiring urgent antiviral treatment. Symptoms include painful, unilateral blisters on the forehead/nose (Hutchinson’s sign), eye redness, light sensitivity, and blurry vision.

## CASE REPORT

A sixty -year-old male patient, a known case of any chronic hepatitis B, on antiviral treatment, presented with acute pain on lips with tingling sensation, for last one week. It was associated with malaise, feverishness, anorexia and vomiting. After, a gap of three days, herpetic vesicular lesions appeared on the lips. The dermatologist opinion was taken who confirmed it to be herpes labialis and started on oral and topical antiviral treatment, along with anti-inflammatory drugs. The patient within next forty eight hours developed vesicular lesions near left eye. It was associated with redness and watering from eye. The ophthalmologist opinion confirmed it to be herpes zoster ophthalmicus. The abdominal, cardio-vascular, respiratory, neurological examination was essentially normal. The already prescribed treatment in form of antiviral and anti-inflammatory was continued. The herpetic lesions both along eye and lips crusted and ultimately healed completely. The patient was discharged under hemodynamically stable condition.



**Figure 1:** Showing Herpes Labialis with beginning of Herpes Ophthalmicus lesions (Hutchinson's Sign)



**Figure 2:** Showing Later Course of Disease with Crusting of Herpes Labialis and Herpes Ophthalmicus lesions

## DISCUSSION

The classic presentation of HZ starts with a prodrome of mild- to-moderate burning or tingling in or under the skin of a given dermatome, often accompanied by fever, chills, headache, stomach upset, and general malaise. Within 48-72 hours from the prodrome, an erythematous, maculopapular rash forms unilaterally along the dermatome and rapidly develops into vesicular lesions reminiscent of the original chickenpox outbreak. The pain associated with shingles varies in intensity from mild to severe such that even the slightest touch or breeze can elicit excruciating spasms.<sup>[8]</sup> The lesions usually begin to dry and scab 3-5 days after appearing. Total duration of the disease is generally between 7-10 days; however, it may take several weeks for the skin to return to normal. The time interval between starting of pain abdomen and eruption of skin lesions is most difficult time to diagnose. Herpes zoster ophthalmicus (HZO) develops when the ophthalmic branch of the trigeminal nerve is involved, classically resulting in lesions of the forehead, eyelid, and scalp, along the V1 dermatome. In severe cases, the cornea, iris, or retina may become damaged, resulting in permanent vision loss. Advanced age is a well-known risk factor of herpes zoster, as is impaired cell-mediated immunity, with incidence of herpes zoster being 20–100 times greater in patients with HIV, transplant history, or certain malignancies, as compared to immunocompetent patients.<sup>[9]</sup> Herpes zoster ophthalmicus (HZO) occurs in 10-25% of herpes zoster cases,<sup>[10]</sup> and it is estimated that 50% of these cases have ocular complications.<sup>[11]</sup> Herpes labialis, or cold sores, are small,

painful, fluid-filled blisters on the lips or around the mouth caused by the Herpes Simplex Virus Type 1 (HSV-1). They are highly contagious and typically last 7–10 days. Herpetic gingivostomatitis and pharyngitis are most commonly associated with a primary HSV-1 infection. The symptoms of primary oral herpes may resemble those of aphthous stomatitis and include ulcerative lesions involving the hard and soft palate, tongue and buccal mucosa, as well as neighbouring facial areas. Treatment involves antiviral creams or tablets (e.g., acyclovir, valacyclovir) to speed healing, which is best initiated at the first sign of tingling or burning.

## CONCLUSION

Herpes zoster is commonly seen, especially in immunocompromised and elderly patients. It commonly affects thoracic area but other areas like herpes labialis, or eye involvement can also occur but simultaneous involvement is uncommon.

## CONFLICT OF INTEREST

The authors declare that there was no conflict of interest.

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