32 years old lady presented with complaints of painful blisters on the right lower face, ulcers in the mouth and severe right otalgia of 24 hours duration. She had burning sensation in the skin near the lower lip two days prior to the appearance of the blisters. Examination revealed vesicular eruptions with clear fluid on right half of face involving the cheek, chin and lower lip (Figure 1). Oral examination revealed multiple shallow mucosal ulcers on lower lip, cheek and lower gum. Ulcers were irregular in shape with erythematous margins and floor covered with yellowish white slough (Figures 2, 3). The ulcers were tender on palpation. Otoscopy revealed blisters on right tympanic membrane and external auditory canal corresponding to the supply area of auriculotemporal nerve, a branch of the posterior division of mandibular nerve (Figure 4). The lesions were unilateral and did not cross the midline. Audiometry was normal and no facial palsy was observed. She was diagnosed as a case of trigeminal zoster involving the mandibular branch (V3). She was managed with oral Acyclovir and analgesics for seven days with good response and no residual complications.

Herpes zoster is an infection caused by reactivation of the latent varicella virus in the sensory ganglia. The incidence of Herpes zoster increases with age and immunosuppression. The most commonly affected cranial nerves are trigeminal and facial nerve due to reactivation of HZV latent in the gasserian and geniculate ganglia. The ophthalmic branch of trigeminal nerve is affected several times more frequently than the second or third divisions. Early diagnosis and prompt treatment with antiviral drugs is the mainstay of management.

References