ORIGINAL RESEARCH PAPER
Volume - 10 | Issue - 03 | March - 2021 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

HERPES ZOSTER OPHTHALMICUS MASQUERADING AS IRRITANT CONTACT DERMATITIS - A CASE REPORT

Dermatology

S. Jefferson Joshua Department of Dermatology, Madha Medical College and Research Institute, Kovur, Chennai, India.

S. M. Saranya* Department of Dermatology, Madha Medical College and Research Institute, Kovur, Chennai, India. *Corresponding Author

Jayakar Thomas Professor Emeritus, The Tamil Nadu Dr.M.G.R. Medical University, Chennai.

ABSTRACT

We present a case of Herpes zoster ophthalmicus masquerading as irritant contact dermatitis

KEYWORDS

Case report:

A 25-year-old female, presented with complaints of a red rash in the forehead, associated with a sharp burning sensation. She claimed to have developed the lesion following a domestic accident leading to contact of bleaching powder with her forehead (Figure 1).

There was no itching sensation. She has no impairment of vision, abnormal lacrimation or abnormal sensations around the eye. She denies exposure to any other chemical, physical or plant irritants. She had a childhood history of chicken pox. She has no concurrent comorbidities.

She was euthermic and her vitals were normal. Local dermatological examination revealed small, grouped fluid filled vesicles over an erythematous base limited to the left supraorbital region involving the V1 dermatome. A few ruptured vesicles exuded colourless serous exudate. There was no tenderness or warmth. Ophthalmic examination revealed no corneal ulcers, nor any signs of ocular inflammation. There was no change in the intraocular pressure.

Tzanck smear revealed ballooning multi-nucleated giant cells. Iimmunofluorescence assay for VZV IgM was not available.

She was diagnosed with Herpes zoster ophthalmicus. The patient was started on oral valciclovir to reduce the viral load and aid in early disease clearance, methyl prednisolone to reduce the chances for post herpetic neuralgia, and topical mupirocin to avoid secondary bacterial infection.

Discussion

Our patient presented with a classic history of irritant contact dermatitis giving a history of exposure to a chemical followed by a rapid onset of erythematous rashes which could have be quickly and falsely diagnosed as a case of irritant contact dermatitis. However pointed elicitation of history and close examination which revealed the presence of closely grouped erythematous vesicles in a unilateral dermatomal pattern associated with a sharp burning pain helped clinch the diagnosis of Herpes Zoster Ophthalmicus.

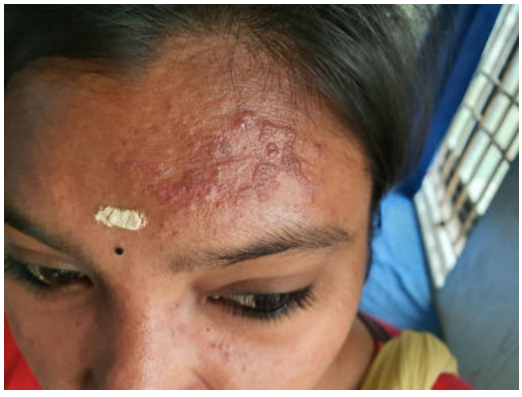

Figure 1