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BEYOND THE MIDLINE: AN UNUSUAL PRESENTATION OF THORACIC HERPES ZOSTER IN AN IMMUNOCOMPETENT PATIENT

Dermatology

Anjali Kumari* MBBS, MD Dermatology. *Corresponding Author

ABSTRACT

Herpes zoster typically presents as a unilateral dermatomal vesicular eruption that respects the midline. Midline crossing is uncommon, particularly in young healthy individuals. We report a case of a 25-year-old female presenting with grouped vesicles over the lower thoracic region extending across the midline. The patient responded well to oral antiviral therapy. Awareness of such atypical presentations helps avoid diagnostic confusion.

KEYWORDS

Herpes zoster, Midline crossing, Thoracic dermatome, Atypical presentation

INTRODUCTION

Herpes zoster is caused by reactivation of latent varicella-zoster virus from dorsal root ganglia. It usually presents as a unilateral vesicular eruption confined to a single dermatome and characteristically does not cross the midline. Atypical presentations such as multidermatomal involvement or midline extension are rare, especially in young healthy individuals.

Figure 1: Clustered grouped vesicles on erythematous base over the lower thoracic region with extension across the midline.

Case Study

A 25-year-old female presented with complaints of painful vesicular lesions over the lower chest region for three days. The lesions were preceded by burning sensation and localized pain.

On examination, multiple grouped vesicles on an erythematous base were observed over the lower thoracic region predominantly on one side, with extension of few lesions across the midline. There was no evidence of generalized dissemination.

The patient had no history of diabetes, immunosuppressive drug intake, chronic illness, or recent systemic infection. Clinical diagnosis of herpes zoster with midline extension was made.

She was treated with oral acyclovir 800 mg five times daily for seven days along with analgesics. Lesions crusted within one week and healed completely over two weeks without complications.

DISCUSSION

Herpes zoster classically respects the midline due to unilateral segmental innervation. Midline crossing is uncommon and may be attributed to overlapping dermatomes or anatomical variations in nerve supply.

Recognition of such atypical presentation is important to prevent misdiagnosis. Early antiviral therapy reduces duration and complications.

CONCLUSIONS

Although herpes zoster typically presents as a unilateral dermatomal eruption, midline extension can occur in young healthy individuals. Clinicians should be aware of this rare presentation.

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