



ORIGINAL RESEARCH PAPER

Dermatology

SHINGLES STRIKES THE GUT- A RARE CASE
REPORT OF HERPES ZOSTER-INDUCED
OGILVIE SYNDROME

KEY WORDS: Acute colonic pseudo-obstruction, Ogilvie syndrome, Massive colonic dilatation, non-mechanical obstruction, Herpes zoster, Varicella-Zoster virus (VZV)

Priyanka R M	MBBS, Post Graduate, Department of Dermatology, Venereology and Leprosy, Sri Ramachandra Medical College, Porur, Chennai-600116.
Manu Vidhya H*	Assistant Professor, Department of Dermatology, Venereology and Leprosy, Sri Ramachandra Medical College, Porur, Chennai-600116. *Corresponding Author
Sudha R	DNB, Professor, Department of Dermatology, Venereology and Leprosy, Sri Ramachandra Medical College, Porur, Chennai-600116.
Dr. Adikrishnan S	MD, HOD, Professor, Department of Dermatology, Venereology and Leprosy, Sri Ramachandra Medical College, Porur, Chennai-600116.

ABSTRACT	Acute colonic pseudo-obstruction (Ogilvie syndrome) is a rare condition characterized by significant colonic dilation without mechanical obstruction, typically arising in patients with severe comorbidities. It often affects the ascending colon and caecum. Although the exact cause is unclear, autonomic nervous system dysfunction is considered a likely factor. Herpes zoster, caused by varicella-zoster virus (VZV) reactivation can be one of the rare causes of Ogilvie syndrome as seen in our patient and treatment with antiviral therapy led to rapid resolution of the symptoms. This case highlights the importance of recognizing herpes zoster as a potential trigger for Ogilvie syndrome and emphasises the need for early diagnosis and treatment to prevent unwarranted surgical intervention.
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INTRODUCTION

Acute colonic pseudo-obstruction, also called Ogilvie syndrome is a rare and potentially life-threatening condition of massive dilatation of colon without any mechanical obstruction. It most commonly arises in patients with severe co-morbidities and immunosuppression. Bowel dilatation is typically limited to the ascending colon and caecum, transitioning close to the splenic flexure^[1]. It is a diagnosis of exclusion. The illness typically takes three to five days to show symptoms and indications, but they can occasionally appear more suddenly, sometimes in less than 48 hours. Although the pathophysiology is not known, it is thought to result from an impairment of the colonic motor system, with dysfunction or imbalance of the autonomic nervous system's regulation of colonic motility, being the most likely cause. On the other hand, Herpes zoster commonly known as shingles is caused by reactivation of Varicella-Zoster virus (VZV) many years after the initial chickenpox infection. It primarily affects the skin and peripheral nerves causing painful vesicular rash along the affected dermatome. In rare instances, VZV reactivation can cause Peripheral motor neuropathy, a rare complication seen in about 0.5–5% of patients with herpes zoster systemic manifestation including^[2]. It can be somatic or visceral, of which visceral neuropathy can present as urinary retention or pseudo-obstruction of the bowel, Ogilvie syndrome. We report a case of Ogilvie syndrome secondary to Herpes Zoster which is exceedingly rare and not well documented in medical literature.

presence of vesicular lesions, it was suggested that herpes zoster might have caused the Ogilvie syndrome. through viral induced autonomic dysfunction. The patient was started on antiviral therapy with valacyclovir and received supportive care. Remarkably within few days of initiating treatment for herpes zoster, the gastrointestinal symptoms subsided and reduction in colonic dilatation was noted on the follow up imaging.

Case Presentation

A 50-year-old female with no known co-morbid, presented to the emergency department with a four-day history of progressive constipation, multiple episodes of vomiting (4-5 episodes/day) and severe left sided loin pain. She also gave history of fluid filled lesions on the left side of abdomen for 4 days. On systemic examination, her abdomen was distended and tender with reduced, high pitched bowel sounds. On dermatological examination, grouped vesicles with surrounding erythema present along left T10-T11 dermatome (Figure-1). Laboratory test results showed no overwhelming abnormalities. An abdominal X-Ray revealed massive colonic dilatation suggesting bowel obstruction (Figure-2). CT scan showed no mechanical obstruction in the colon, confirming the diagnosis of Ogilvie syndrome raising suspicion of herpes zoster. confirmed the diagnosis of shingles. Given the



Figure 1: Vesicular Rashes Present Along Left T10-T11 Dermatome



Figure 2: X-ray Imaging Of Abdomen Showing Colonic Dilatation

DISCUSSION

Ogilvie syndrome, also known as acute colonic pseudo-obstruction (ACPO), is a unique type of colonic dilatation that lacks a mechanical or anatomic cause. Bowel dilatation is typically limited to the ascending colon and caecum, transitioning close to the splenic flexure. It occurs most frequently in older persons with numerous underlying comorbidities, but it can also appear in apparently healthy patients following surgery or a catastrophic event or herpes zoster^[3]. This case represents a unique presentation of Ogilvie syndrome secondary to herpes zoster, highlighting an uncommon but important visceral complication of Varicella zoster virus reactivation. The pathophysiology likely involves VZV- induced autonomic dysregulation, viral interruption of afferent C fibres leading to impaired colonic motility and subsequent pseudo-obstruction. It can also be due to the direct injury to colonic ENS and muscularis propria^[4]. PCR for VZV DNA in vesicle specimens is the most reliable test for herpes zoster diagnosis, with a sensitivity and specificity of 95% and 100%, respectively. Colonic mucosal biopsy specimens can be tested for VZV DNA using PCR^[5]. Conservative therapy is the preferred first line management and is effective in about 75% of patients. The patient must be started on antivirals and must be kept nil per oral, started on IV fluid resuscitation and electrolyte correction if needed should also be done, and precipitating drugs like opioids must be stopped. A rare and most feared complication of Ogilvie's syndrome is caecal perforation^[6]. Patients with ambiguous diagnosis, symptoms of peritonitis, pneumatosis coli, and mucosal ischemia on colonoscopy should be considered for surgery if they do not respond to conservative management.

CONCLUSION

This case highlights the importance of a keen eye for diagnostic suspicion and thorough clinical examination to avoid unnecessary surgical intervention and to prevent potential visceral complications like of Ogilvie syndrome. Early recognition and prompt antiviral treatment, can result in rapid resolution of symptoms, as demonstrated in this case and prevent severe complications like bowel perforation. This case adds to the growing recognition of the diverse presentations of herpes zoster and its potential to cause significant gastrointestinal morbidity, thereby expanding the differential diagnosis for acute colonic pseudo-obstruction.

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