Herpes Zoster Infection Manifesting with Sciatalgia

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A 48-year-old female patient with a full-thickness tear of the supraspinatus tendon and fracture of the tuberculum majus caused by falling was admitted to our clinic for post-operative rehabilitation. The range of motion was limited in the right shoulder, and shoulder movements were painful. During her follow-up, sciatalgia developed on her right leg. However, neurological examination and magnetic resonance imaging were normal. The symptom persisted, and a maculopapular rash arose within 2 days on the skin area corresponding to the sciatic nerve tract (Figure 1). The rash became vesicular in the following days. The patient was diagnosed with herpes zoster (zona) infection, and her symptoms regressed after being treated with valacyclovir (300 mg/day).

Zona is a disease characterized by vesicular lesions in one dermatome or two adjacent dermatomes limited to one side of the body (1). A rash develops 48–72 h before severe pain occurs in the affected dermatome. Herein, an unusual location of herpes zoster infection was presented (sciatic tract instead of any dermatome). This infection should be kept in mind as one of the causes of non-discogenic sciatalgia when a lack of response to analgesic treatment is present (2).

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Figure 1. a-c. Posterior side of the upper leg (a), popliteal fossa (b), and lateral side (c)
References
