



Herpes Zoster Infection Manifesting with Sciatalgia

Hüma BÖLÜK, İlkey KARABAY, Gökhan Tuna ÖZTÜRK, Hakan TUNÇ, Murat ERSÖZ

Ankara Physical Medicine and Rehabilitation Training and Research Hospital, Ankara, Turkey

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).

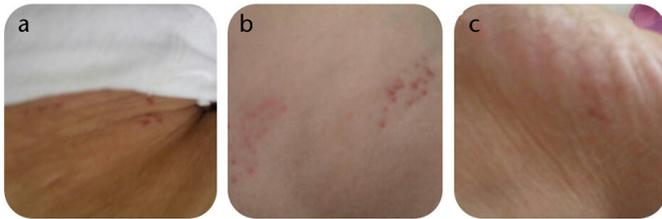


Figure 1. a-c. Posterior side of the upper leg (a), popliteal fossa (b), and lateral side (c)

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).

Informed Consent: Written informed consent was obtained from patient.

Peer-review: Externally peer-reviewed.

Author Contributions: Concept - H.B., İ.K., G.T.Ö.; Design - H.B., İ.K., G.T.Ö.; Supervision - G.T.Ö., H.T., M.E., H.B.; Materials - H.B., İ.K., G.T.Ö., M.E.; Data Collection and/or Processing - H.B., İ.K., G.T.Ö., M.E.; Analysis and/or Interpretation - H.B., İ.K., G.T.Ö., M.E., H.T.; Literature Review - H.B., İ.K., G.T.Ö., M.E., H.T.; Writer - H.B., İ.K., G.T.Ö., M.E.; Critical Review - H.B., İ.K., G.T.Ö., M.E., H.T.; Other - H.B., İ.K., G.T.Ö., H.T., M.E.

Conflict of Interest: No conflict of interest was declared by the authors.

Financial Disclosure: The authors declared that this study has received no financial support.

Address for Correspondence: Hüma Bölük, MD, E-mail: humaboluk@gmail.com

Received: May 2015 Accepted: May 2015

©Copyright 2015 by Turkish Society of Physical Medicine and Rehabilitation - Available online at www.ftrdergisi.com

Cite this article as:

Bölük H, Karabay İ, Öztürk GT, Tunç H, Ersöz M. Herpes Zoster Infection Manifesting with Sciatalgia. Turk J Phys Med Rehab 2015;61:293-4.

References

1. Bader MS. Herpes zoster: diagnostic, therapeutic, and preventive approaches. *Postgrad Med* 2013;125:78-91. [\[CrossRef\]](#)
2. Lee J, Gupta S, Price C, Baranowski AP; British Pain Society. Low back and radicular pain: a pathway for care developed by the British Pain Society. *Br J Anaesth* 2013;111:112-20. [\[CrossRef\]](#)