

A case report of abdominal distention caused by herpes zoster

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INTRODUCTION

Herpes zoster is a viral disease that typically manifests as a dermatological condition, marked by an irritating skin rash with blisters that is often limited to one side of the body; although rare, it has also been implicated in unusual gastrointestinal complications^[1]. We treated a patient with abdominal distention caused by herpes zoster and report it below.

CASE REPORT

A 59-year-old female patient suffered from unexplained paroxysmal and a burning pain on the right part of her waist and abdomen for 2 wk. An erythra appeared on the affected area one week ago and the pain was exacerbated, interrupting the patient's sleep. A diagnosis of herpes zoster was made and the patient was administered with valaciclovir (0.3 g *bid*), vitamin B₁₂ (0.5 mg *qd*), and ibuprofen and codeine phosphate sustained tablets (50 mg *bid*) for 3 wk. The patient had abdominal distention accompanied by dyspepsia, abdominal bloating and constipation, which showed no apparent changes after motilium treatment. Upon physical examination, laminal erythema was found on her left waist and abdomen accompanied by papulovesicles and small vesicles. The erythra showed zonal distribution not exceeding the midline. The abdomen was asymmetric with left distention, a lax abdominal wall and hyperalgesia. Two air-fluid levels appeared on the abdominal radiograph, which was diagnosed as intestinal pseudo-obstruction by surgical consultation. After treatment with fasting, fluid infusion,

Abstract

Gastrointestinal complications caused by herpes zoster are extremely rare. Here, we described a case of abdominal distention caused by herpes zoster. The patient was a 59-year-old female who suffered from unexplained paroxysmal and a burning pain on the right part of her waist and abdomen, accompanied by abdominal distention. Intestinal pseudo-obstruction was diagnosed by abdominal radiography. Distention of the right abdominal wall was still apparent after one month. In this report, we found that recovery from abdominal distention caused by herpes zoster is difficult and may require surgical intervention.

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Key words: Abdominal distention; Herpes zoster; Intestinal pseudo-obstruction; Ogilvie's syndrome

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enema and moxifloxacin (1 tablet *qd* × 3), the symptoms were relieved after 5 d. The diagnosis was modified as intestinal pseudo-obstruction caused by herpes zoster. Continued treatment included mecobalamin (1 tablet *tid*) to nourish the nerve and for heat-clearing and a detoxifying soft capsule (2 pills *tid*) to clear away heat and toxic materials and relax the bowels. After 15 d, the red spots disappeared, and the vesicles dried up, changed to scabs and dropped off, leaving anomalous pigmentation of the skin. At the same time, the pain was apparently alleviated, but the distention of the right abdominal wall and constipation persisted. On follow-up one month later, the distention of the right abdominal wall was still apparent, but the partial sense of pain decreased and the constipation was relieved.

DISCUSSION

Herpes zoster is a herpetic skin disease caused by varicella-zoster virus (VZV) infection, which can infect the surrounding sensory and motor nerves and their dominated skin areas. When the abdomen is involved, the infection can cause paralysis of the abdominal wall

muscle^[2], which may involve the autonomic nerve, the myenteron and small intestine smooth muscles, leading to the manifestation of intestinal pseudo-obstruction (Ogilvie's syndrome)^[1]. The present patient was an overweight, middle-aged female. Due to two pregnancies, her abdomen became flabby. VZV infection in this area may cause nerve paralysis, a decrease in abdominal muscle tonus and abdominal distention. Simultaneously, indigestion, constipation and intestinal pseudo-obstruction appear due to the involvement of the autonomic nerves. Further consultation after one month showed no improvement of the abdominal wall distention. As recovery from this type of nerve paralysis is difficult, surgical intervention is sometimes necessary.

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