IMAGE OF THE MOMENT

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Excruciating headache but nothing obvious, look at the skin!

Herpes zoster ophthalmicus is usually easily recognized by the periorbital vesicular rash restricted to the ophthalmic division of the trigeminal nerve. But sometimes the rash is not so obvious, despite severe symptoms

An 80-year-old woman presented with constitutional symptoms for 1 week. She had initially developed a nagging frontal 'sinus' headache which had gradually become excruciatingly severe and more localized behind the right eye. On examination on day 1, she looked debilitated, but her neurological examination was normal. The soft tissues around the right eye were oedematous and the skin was reddened (Fig. 1, day 1). The next day she developed erythematous papules and vesicles on the right V1 dermatome, including the nasociliary region (Fig. 1, day 2). On slit lamp examination, the right eye had trace conjunctival injection and tiny punctate epithelial keratopathy. The right ocular surface was protected with topical lubricant ointment. The skin abnormalities

evolved quickly within a number of days (Fig. 1, day 5). She was treated with oral acyclovir along with gabapentin for pain control. Eight days later, a follow-up slit lamp examination revealed improvement of the punctate epithelial keratopathy but the development of anterior uveitis and increased intraocular pressure. The visual acuity remained stable. She was started on prednisolone drops and alphagan drops (glaucoma medication). Over the next few days, the anterior uveitis resolved and the intraocular pressure returned to normal. She made a full recovery (Fig. 1, at 9 months) but was continued on gabapentin to control postherpetic neuralgia.

In our patient, it is important to emphasize that headache preceded the development of the characteristic skin lesions that may be delayed for at least 24 h, challenging the clinical acumen of physicians. Most textbooks show the healing crusted lesions but the early periorbital swelling is rarely photographed.

Figure 1 Serial photographs of maturing zoster ophthalmicus and after recovery at 9 months (see text for details). The patient kindly gave permission for these photographs to be published.