

Shingles in a Pediatric Patient

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Clinical Image

A 7-year-old girl presented to the emergency department with a papulovesicular rash with underlying erythema on the left upper leg and lumbar area restricted to L2 and L3 dermatomes. There was prodromal pain started three days before skin lesions. She had no systemic symptoms. Medical history was unremarkable except for chickenpox at 2 months life. Clinical diagnosis of shingles with acute neuritis was made. Treatment included antiviral therapy with acyclovir and analgesia with a favorable progression.

Herpes zoster also known as shingles results from a reactivation of latent varicella-zoster virus infection within sensory ganglia and typically is restricted to a well-defined distribution. Shingles is very rare in healthy children except of those infected with VZV in utero or in the first year of life and recurrence is rare in immunocompetent host (Figures 1-3).



Figure 1: Anterior view of left upper leg with papulovesicular rash restricted to L2 and L3 dermatomes.



Figure 2: Lateral view of left upper leg with papulovesicular rash restricted to L2 and L3 dermatomes.



Figure 3: Posterior view of papulovesicular rash restricted to L2 and L3 dermatomes.