

# Journal of Family Medicine Forecast

## The Painful Rash

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### Clinical Image

#### History

A 26-year-old woman presents with fever, headache and painful rash on her nose for four days. The rash was burning in nature. She did not have any blurring of vision. She has no other medical illness.

On examination, her temperature is 37.5°C. Her vital signs are normal. There are multiple vesicular rash with erythematous base over the tip of the nose. There is no other rashes elsewhere. The left eyelid is swollen but the conjunctivae is white. Her visual acuity is 6/6 on both eyes. Other examinations are unremarkable.

#### Question 1:

What is the most likely diagnosis?

**Answer:** Herpes Zoster ophthalmicus.

#### Question 2:

What is the most important management for this patient?

**Answer:** Refer Ophthalmology immediately.

### Discussion

Varicella zoster infection increases one's risk of getting Herpes zoster. Herpes zoster is commonly encountered in the primary care setting. Herpes zoster ophthalmicus is a disease caused by the reactivation of the varicella zoster virus reactivation within the trigeminal ganglion [1]. It is considered as a serious sight threatening condition. In this patient, she demonstrate vesicular lesion on the nose which is known as Hutchinson's sign. Lesions on the nose signifies involvement of the nasociliary branch of the trigeminal nerve which also innervates the cornea which heralds the risk of ocular involvement. Therefore, there is at risk of developing keratitis or epithelial keratitis. Referral to the ophthalmologist is important in order to prevent corneal involvement as well as potential visual loss [2]. The mainstay of treatment of Herpes zoster ophthalmicus is to initiate antiviral as soon

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**Received Date:** 09 Nov 2018

**Accepted Date:** 10 Dec 2018

**Published Date:** 13 Dec 2018

**Citation:** Mokhtar N, Jamani NA, Afiqah MK. The Painful Rash. J Fam Med Forecast. 2018; 1(2): 1013.

**ISSN 2643-7864**

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**Figure 1:** Vesicular rash at the tip of the nose.

as possible to limit the Varicella Zoster virus replication. Vaccination (Zostavax®) is recommended in preventing herpes zoster infection in patient older than 50 years of age.

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