And, while the frontal branch of the ophthalmic division of the trigeminal nerve almost always is involved, involvement of the nasociliary branch is quite rare. The appearance of skin lesions at the side of the nose, known as Hutchinson’s sign, has been considered a prognostic feature for ocular inflammation in patients with acute herpes zoster ophthalmicus.4 (See Figure 2)

Our patient presented with complete ptosis and essentially paralysis of the oculomotor nerve, which is particularly rare in herpes zoster ophthalmicus. An extensive review of the literature returned only one recent case review found in French literature, reporting two cases of oculomotor paralysis.3 Furthermore, it has been postulated that involvement of cranial nerves other than the trigeminal nerve occurs by secondary vasculitis in the orbital apex, resulting in diplopia.5

Early and immediate therapy with oral acyclovir is the cornerstone of treatment of this disorder, and has been proven to significantly decrease the incidence of negative sequelae of eye disorders. Patients should be evaluated within one week of starting acyclovir. Patients who present with Hutchinson’s sign or visual complaints merit referral to an ophthalmologist.5

References