



Figure 2- Hutchinson's sign, as seen in our patient, involving the nasociliary branch of the ophthalmic division of trigeminal nerve.

Reactivation is often seen in the setting of diminished cell-mediated immunity, common to the elderly as well as the immunocompromised patient. Prospective studies have shown that the most common location of zoster reactivation is the ophthalmic nerve.<sup>4</sup> In fact, ophthalmic herpes zoster is seen in 10-20% of all zoster case.<sup>5</sup> Often, affected patients have

severe and persistent pain. Other features include keratitis, uveitis, and optic neuritis of the affected eye, all of which require immediate attention to prevent vision impairment. Decreased corneal sensitivity may result as well, leading to dry eyes, and eventual corneal ulceration.<sup>5</sup>

In the early stages of herpes zoster ophthalmicus, patients report malaise, pain, pruritis, low-grade fever, and photophobia. Skin hypersensitivity occurs on the forehead, followed by erythematous macules, which evolve to papules and vesicles in the affected dermatome. Generally the skin rash precedes ocular lesions by several days. Periorbital edema is seen early in the course of the disease. Conjunctivitis, episcleritis, and corneal epithelial defects are all commonly observed phenomena. As with our patient, anterior chamber involvement is observed, with the release of viral antigens causing a mild uveitis with concomitant elevation in intraocular pressure.<sup>5</sup>

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.<sup>4</sup> (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.<sup>3</sup> 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.<sup>5</sup>

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.<sup>5</sup> ■

#### References

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#### Poem

##### Fool

They say God protects fools and the innocent  
They say God protects the innocent and the souls of children  
Unfortunately the years of childhood has passed me  
I doubt that God looks upon me as innocent  
So I pray to be the fool

God protects the fools  
The fools that don't know any better  
Those who live by folly  
Those who are compared to, throughout his scripture  
Why does God protect those who he mocks throughout his book

The fool in the book of wisdom is the enemy  
The fool is the ass in Psalms  
The fool in Sirach is the Anti  
The fool is what you don't want to be  
The fool is what God tells you not to be  
But he protects them  
He understands them  
He created them

If that is what I need in order to have his shield  
I pray to be the fool  
I pray to be protected  
Maybe that is why ignorance is bliss at times  
Maybe that is why they say that  
Maybe a fool said that  
And see how his words still last?

But maybe he didn't last  
Because with that statement  
I think he lost his ignorance  
Because he knew it was bliss  
His ignorance, no longer folly, but purpose  
And I don't even know his name  
But was that fool protected?  
I hope he was  
For my sake....  
For our sake.

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