

Introduction

- Herpes zoster, acute painful skin condition, resulting from reactivation of dormant varicella zoster viruses in the cranial or spinal DRG, which then travel antidromically to the nerve endings in the skin.
- Although this acute episode can be very painful, commonly it tends leave behind a residual neuronal damage resulting in continued pain even months after the healing of the zoster called post herpetic neuralgia (PHN).

Case

- A 53-year-old male with PMH of herpes zoster of scalp presented with a dull ache and pain to light touch of the hairs in a linear vertical line in the posterior scalp along the greater occipital nerve distribution.
- Ultrasound guided Greater, lesser occipital nerve, & C2 DRG steroid injections provided short term relief Pulsed RFA to the C2 DRG decreased his constant pain but not the sharp hair pain.
- Dermatology referral was placed due reticulated purple plaques with a cluster of papules and vesicles noted on posterior scalp and neck along with palpable lymphadenopathy.
- Punch biopsy revealed basal layer hyperpigmentation, superficial perivascular dermatitis, telangiectasia, and focal perifollicular lymphohistiocytic infiltrate and fibrosis, consistent with lichen planopilaris (LPP) and was then started on clobetasol 0.05% ointment and naltrexone. .

Discussion,

- FAPD is the fourth most common form of cicatricial alopecia seen in approximately 3.5 % of hair clinics in the USA. Although there are many variants of LPP, the classic FAPD form presents with itching, perifollicular edema, and perifollicular hyperkeratosis.
- Histology reveals lymphohistiocytic infiltrates around the follicles in FAPD.
- The main objectives of treatment of LPP are to reduce hair loss, control the symptoms, and stop the scarring process.

Conclusion

- It is possible that our patient may have had PHN initially and then developed FAPD in a location in proximity to his PHN lesion leading to a confusion in the diagnosis.



Lichen Planopilarus Masquerading as Postherpetic Neuralgia: A Case Report

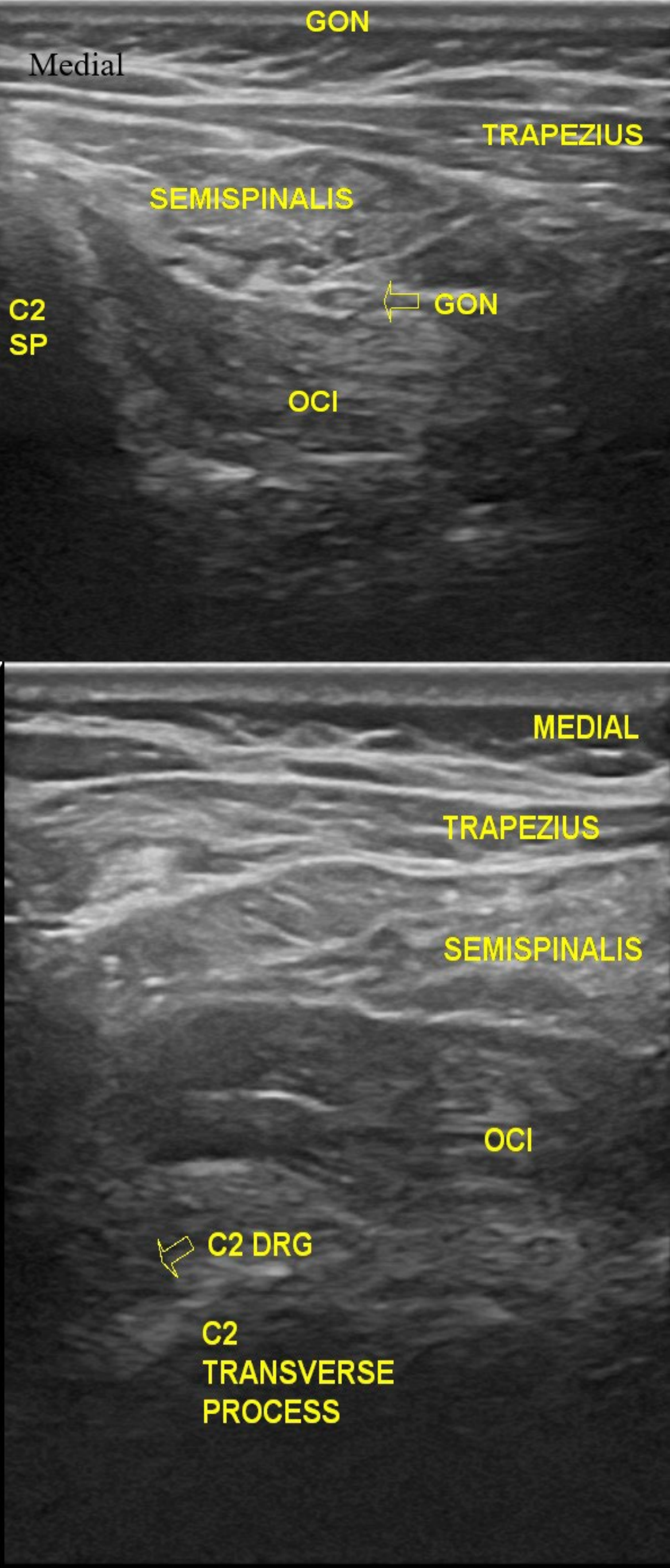
Harmanjot Singh, DO , Hariharan Shankar, MD, MBBS
Department of Anesthesiology, Clement Zablocki VA Medical Center, Medical College of Wisconsin. Milwaukee, Wisconsin



Post herpetic neuralgia pain symptoms can be very similar to Lichen planopilaris and may require a biopsy for correct diagnosis

Features of Post-Herpetic Neuralgia and Lichen Planopilaris (FAPD variant)

	Post-Herpetic Neuralgia	Lichen Planopilaris
Causation	Follows varicella-zoster virus infection	Autoimmune possibly
Sex preference	Women>men	Women >men
Age at onset	>50 years	> 50 years
Symptoms	Itching, burning, stabbing pain, hyperalgesia, allodynia in a dermatomal distribution	Alopecia or any sort of patterned hair loss, dysesthesia, tenderness non-dermatomal
Common locations	Thoracic 5-6 dermatomes and Cranial nerve maxillary and mandibular nerve distributions	Scalp and sometimes non-scalp hair areas
Trichoscopy Findings	None (symptoms occur in distribution of prior rash)	Perifollicular erythema, hyperkeratosis, loss of vellus hairs and perifollicular scaling
Skin Pathology	Loss of epidermal free nerve endings	Lymphohistiocytic infiltrate around the hair follicle, fibrosis, hair follicle miniaturization, and apoptosis of basal keratinocytes
Management	Tricyclic antidepressants, pregabalin, gabapentin, capsaicin, and lidocaine patches	High-potency topical corticosteroids, topical tacrolimus, hydroxychloroquine, minoxidil, finasteride, and topical retinoids



References

- Niemeyer CS, Harlander-Locke M, Bubak AN, Rzasa-Lynn R, Birlea M. Trigeminal Postherpetic Neuralgia: From Pathophysiology to Treatment. Curr Pain Headache Rep. 2024 Apr;28(4):295-306.
- Johnson RW, Rice AS. Clinical practice. Postherpetic neuralgia. N Engl J Med. 2014 Oct 16;371(16):1526-33.
- Cantwell HM, Wieland CN, Proffer SL, Imhof RL, Torgerson RR, Tolkachjov SN. Lichen planopilaris in men: a retrospective clinicopathologic study of 19 patients. Int J Dermatol. 2021 Apr;60(4):482-488.

