

Suspected Visceral Herpes Zoster Presenting as Flank Pain in a Patient with Renal Cell Carcinoma

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INTRODUCTION

- Herpes zoster (shingles) arises from reactivation of latent varicella zoster virus within the dorsal root or cranial nerve ganglia
- Classical presentation: unilateral, dermatomal pain and vesicular rash, often preceded by a painful prodrome
- Visceral zoster: 5-10% of cases, usually in immunocompromised patients, with the abdomen being involved in about 10% of cases
- Presentations without rash or preceding cutaneous eruption complicate timely recognition and appropriate management

OBJECTIVES

- Highlight an unusual herpes zoster presentation
- Demonstrate the difficulty in diagnosis of visceral shingles
- Discuss treatments to reduce pain in visceral herpes zoster

CASE REPORT

- A 66-year-old male presented with acute right-sided flank pain in a dermatomal distribution corresponding to the T11–T12 region
- Workup: negative urinalysis; MRI of the lumbar spine demonstrated multilevel spondylosis with disc bulges at L3–L4, L4–L5, and L5–S1 and a mass arising from the lower pole of the right kidney; CT abdomen with mass concerning for renal cell carcinoma but nephrology consult and second opinion reported mass was unlikely source of acute flank pain
- The right flank pain was refractory to numerous conservative interventions (acupuncture, lumbar trigger point injections, interlaminar epidural steroid injection)

Figure 1.

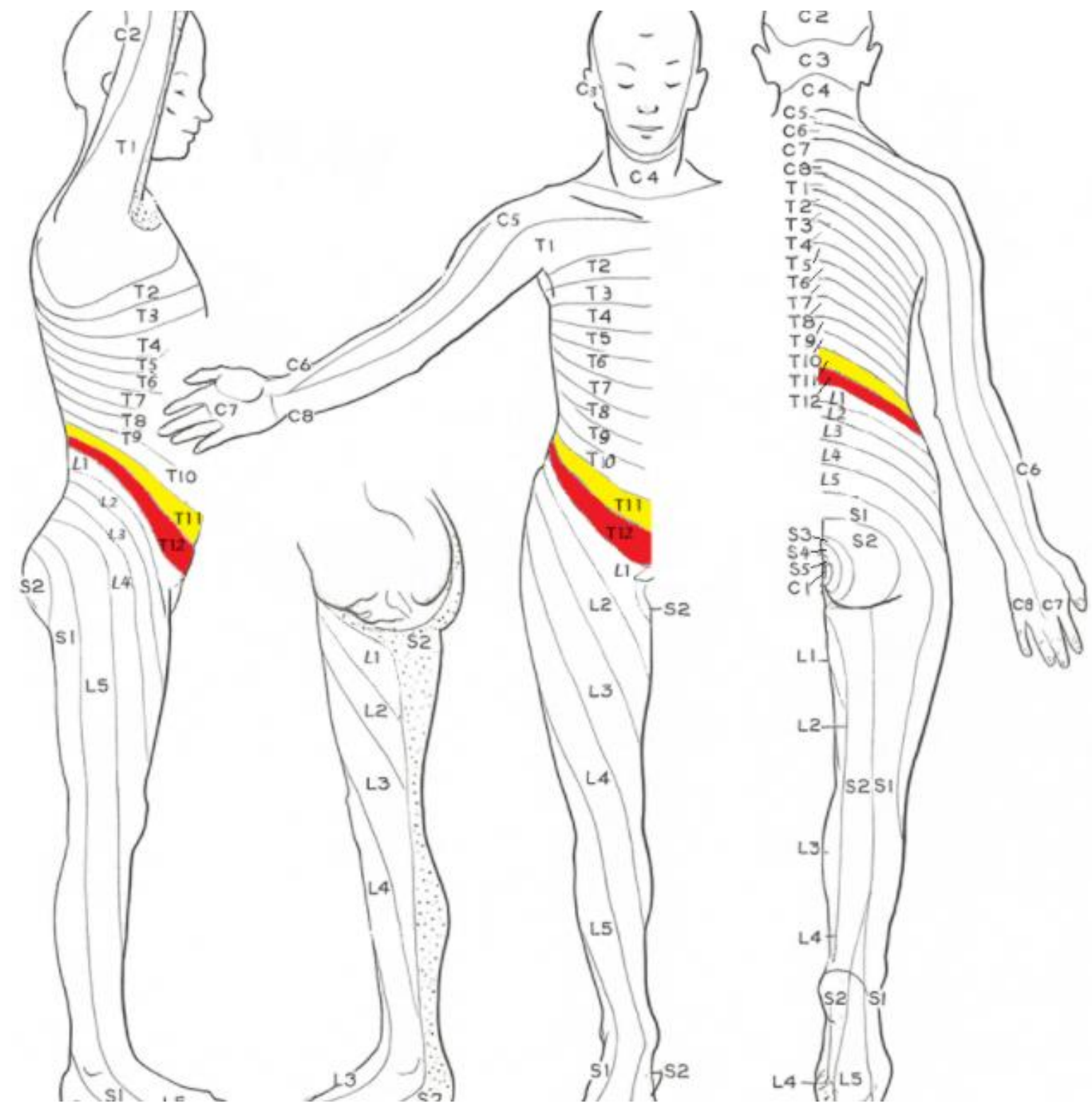


Figure 1 is adapted from open-source Wikimedia Commons File:Grant 1962 663.png

Figure 1: The area of the patient's pain is highlighted, with dermatome T11 in yellow and T12 in red.

Image A and B: These images demonstrate the cutaneous involvement, with a vesicular rash in the trigeminal V1 distribution. The original image was cropped to protect the patient's identity. Patient consent was obtained with specific approval to use these images.

Image A.



Image B.



DISCUSSION

- Visceral herpes zoster in immunocompromised patients can present with diagnostic challenges
- Pain may occur independent of cutaneous involvement, mimicking musculoskeletal or malignant etiologies
- In this case, the onset of severe flank pain before the facial cutaneous involvement complicated the diagnosis
- Maintaining suspicion for atypical zoster is essential, as timely antiviral therapy and targeted nerve blocks can improve outcomes, reduce morbidity, and prevent unnecessary interventions

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RESULTS

- Substantial improvement (80% reduction) in right flank pain with right T11-T12 intercostal nerve block
- 2 weeks later, a painful vesicular rash in the trigeminal distribution followed by persistent facial pain developed
- He was diagnosed with postherpetic trigeminal neuralgia for which he was treated with antiviral therapy and prednisone, resulting in 90% improvement

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