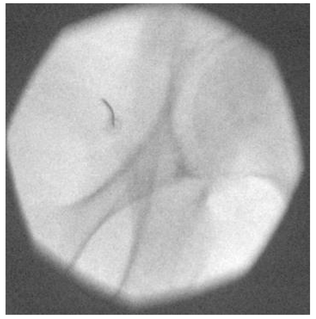
Postherpetic pudendal neuralgia after sacral zoster in lupus: diagnostic and therapeutic pudendal nerve block



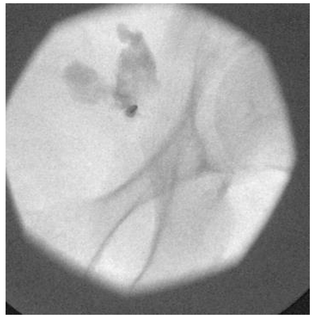
McLeod Health

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A fluoroscopy guided pudendal nerve block is both diagnostic and therapeutic



Needle at the medial border of the ischial spine.



Contrast confirming spread of injectate.

Case

A 57-year-old woman with SLE on hydroxychloroquine, unvaccinated for zoster, presented with a vesicular rash in the right S2-S3 distribution involving the buttock, perirectal skin and vulva. The rash resolved with a full course of valacyclovir, but she was left with burning pain of 10/10, allodynia, dysuria and severe sitting intolerance. Gabapentin 1200 mg daily was ineffective.

Technique

Right transgluteal pudendal nerve block under fluoroscopy. The needle was advanced to the medial border of the ischial spine, aspiration was negative, and contrast confirmed spread before injection of local anesthetic with corticosteroid.

Discussion

Four Nantes criteria were met on history and examination- the fifth, relief following a pudendal nerve block (pain score reduced from 10/10 to 1/10), was met by the block itself. The criteria were developed for entrapment rather than viral neuritis, so they are applied descriptively. The block provided relief for 2 weeks. A repeat block gave partial, shorter-lived relief.

Next steps: serial blocks, pulsed radiofrequency and recombinant zoster vaccination.

1. Howard EJ. JAMA. 1985;253:2196. 2. McAllister RK. Anesthesiology. 2004;101:1472. 3. Labat JJ. Neurourol Urodyn. 2008;27:306. 4. Levin D. J Clin Med. 2024;13:2636.

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