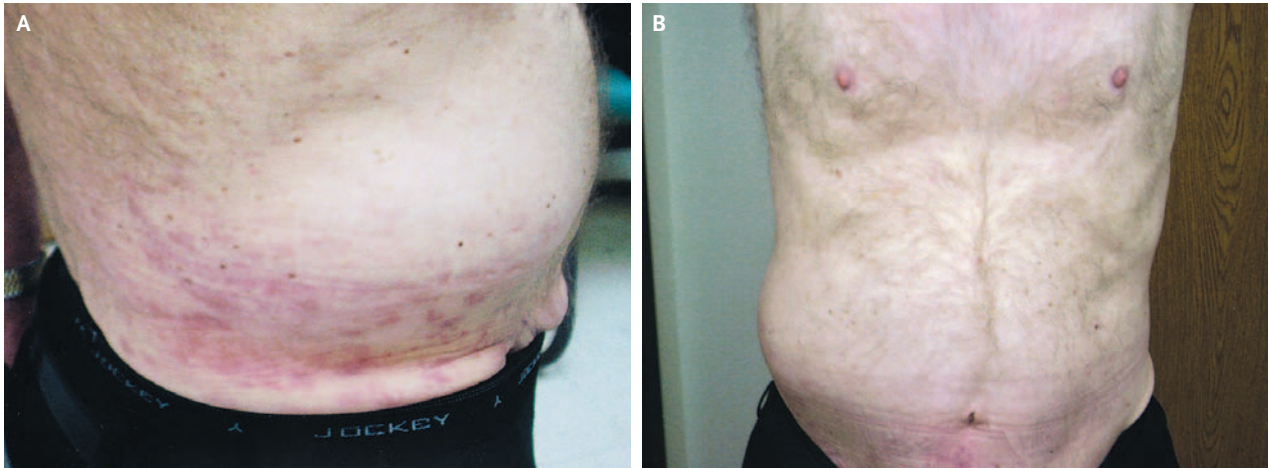


IMAGES IN CLINICAL MEDICINE

Abdominal Pseudohernia Due to Herpes Zoster



A VESICULAR RASH OF THE RIGHT T11–T12 DERMATOMES DEVELOPED IN a 75-year-old man. Four weeks later, as the rash was resolving (Panel A), he noticed a protrusion of the right abdominal wall associated with skin pain (Panel B). Examination revealed a pseudohernia of the abdominal wall measuring 5 by 5 cm, hypesthesia of the overlying skin, and upward and leftward movement of the umbilicus on abdominal flexion. Magnetic resonance imaging (MRI) of the abdomen did not reveal a hernia or mass. Electromyography revealed denervation changes limited to the right thoracic paraspinal and infraumbilical muscles (T11–T12 myotomes). MRI of the thoracic and lumbar spine was unrevealing. Herpes zoster is a viral disease of the dorsal-root ganglia and sensory-nerve fibers that is characterized clinically by unilateral vesicular eruption of the skin and painful sensory changes in a dermatomal distribution. Segmental motor weakness is an uncommon complication that occurs in 3 to 5 percent of patients with herpes zoster and is associated with a good prognosis for recovery.

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