Case Report

Phantom Hernia Due to Abdominal Herpes Zoster

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ABSTRACT

Most of the complications of herpes zoster are sensory. Segmental motor weakness is an unusual complication. We present a case of 50 years old male who presented with phantom hernia 3 weeks after the appearance of herpes zoster rash. Our emphasis lies on recognition of this benign self limiting entity to avoid unnecessary studies and procedures.

Keywords: Herpes zoster, Phantom hernia, pseudo hernia, segmental motor weakness.

INTRODUCTION

Herpes zoster is a self limiting dermatomal vesicular rash caused by reactivation of varicella zoster virus. Complications of herpes zoster can be cutaneous, ocular, neurological and visceral. Neurological complications include post herpetic neuralgia, segmental zoster paresis, encephalitis, myelitis, meningitis, cerebrovascular manifestations. [1] 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. [2] Phantom hernia or pseudo hernia is one of the neurological complications of herpes zoster.

Phantom hernia is a term used to describe unilateral bulging on either side of the abdomen due to weakness or paralysis of abdominal wall muscles. [3] The word "Phantom" is derived from the word "Phantasm" which means the mental imagery produced by fantasy. [4]
DISCUSSION

Herpes zoster is a self-limiting condition. Although majority of neurological complications of herpes zoster are sensory but motor complications also occur. Segmental zoster paresis is focal, asymmetric neurogenic weakness that affects the myotome corresponding to the dermatomal distribution of herpes zoster. It typically occurs 2 to 3 weeks after the herpetic rash. The exact pathogenesis is uncertain, but it has been postulated that the involvement of motor nerves is due to viral spread from the dorsal root ganglion to anterior horn cells or anterior spinal nerve roots, which results in inflammation. [5] Because of the abdominal pressure and segmental muscle paresis, there is relaxation of abdominal wall resulting in pseudohernia formation. [6]

Postherpetic pseudohernia or phantom hernia due to herpes zoster should be suspected when a patient presents with abdominal wall protrusion that coincide with or follow herpes zoster. Most of the previous studies observed that it has a benign evolution, with complete resolution in three months to one year. [7,8] Since it is a potentially reversible disease with good prognosis, so it is recommend that dermatologists, physicians and surgeons should recognize this entity to avoid unnecessary investigations and surgical interventions.

REFERENCES