Longitudinally Disseminated Spinal Cord Lesions (Moth-eaten Appearance) in Varicella-Zoster Myelitis

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Picture 1.

Picture 2.

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A 71-year-old man suffering from P-ANCA positive glomerulonephritis developed myelopathy after herpes zoster infection at the L2 root segment area. After the rash was improved by valacyclovir treatment, paraparesis and right arm weakness appeared. Cerebrospinal fluid examination revealed a cell count of $1/\text{mm}^3$, protein level of 66 mg/dL, and a high copy number of VZV DNA (4.1×10^5). T2-weighted MRI showed irregularly disseminated high signal intensity lesions in the cervical (A), thoracic (B) and lumbar (C) spinal cord, producing a moth-eaten appearance of the cord (Picture 1). Axial images showed a dominant involvement of the right dorsal horn (Picture 2 A: cervical, B: thoracic, C: lumbar). These findings were quite unusual and different from the findings in previously reported cases of VZ myelitis, which is usually localized at the spinal cord segment corresponding to the dermatome involved by herpes

zoster infection (1, 2). In spite of intensive treatment, the patient died of multiple organ failure 23 days after admission, and autopsy was not permitted. This case shows that VZV myelitis may involve wider spinal cord segments than the involved dermatomes.

The authors state that they have no Conflict of Interest (COI).

References

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