An 80-year-old woman presented to our outpatient department of dermatology. Multiple painful grouped dull red crusts with a band-like distribution were found on the left neck and right thigh (Picture 1, 2). The distribution was consistent with the left C3 and right L3 to L4 dermatomes, and herpes zoster duplex bilateralis (HZDB) was diagnosed. The patient was prescribed topical neomycin ointment three times daily, and her cutaneous lesions healed one week later. Residual tingling pain also gradually resolved one month later.

An older age, malignant disease and immunocompromised condition are established risk factors for herpes zoster infection. HZDB refers to skin lesions involving two widely separated areas on both halves of the body simultaneously. It is very rare, with an incidence of less than 0.1% of all cases of herpes zoster (1). Most patients present without internal varicella-zoster virus dissemination or other complications. HZDB therefore does not appear to represent a risk factor for a poor prognosis (2).

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

References