Segmental Zoster Paresis of the Right Shoulder

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Picture.

An 88-year-old man with a history of polymyalgia rheumatica that had been treated with oral prednisolone (5 mg per day) for five years developed a rash involving the right C3-5 dermatome. He was diagnosed as having herpes zoster, and oral valaciclovir was prescribed. Two days later, the patient developed paresis in the right shoulder (Picture). A prompt diagnosis made it possible to initiate treatment immediately with intravenous acyclovir and methylprednisolone. The paresis has gradually improved.

Segmental zoster paresis is a relatively rare complication (occurring in 3% to 5% of patients with herpes zoster) characterized by focal motor paresis in the same segment in which the skin eruptions occur (1). Proximal dominant monoparesis usually occurs within a few weeks of the onset of the rash, although it can precede the development of skin

eruptions. An older age at onset is a risk factor for both manifestations associated with the incidence and severity of this disorder (1, 2).

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

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