A 26-year-old man with untreated HIV infection presented to our hospital with a 2-day history of pain on his tongue. Clusters of small blisters were found on his tongue and lower lip, but only on the right side (Picture). His HIV viral load was 18,000 copies/mL, and his CD4 cell count was 366 cells/μL. He took valacyclovir because we diagnosed him with mandibular shingles, but three days later, the shingles had spread to the auditory nerve in addition to the mandibular nerve (disseminated herpes zoster). In previously reported cases of oral shingles (1, 2), only 1 nerve was affected, and the cases were all over 50 years of age. Shingles is rare before 50 years of age (3), thus suggesting a decreased cellular immunity in this patient. This is even more so the case for patients with disseminated herpes zoster. While the present patient was already known to have HIV infection, in general, when we encounter patients with shingles under 50 years old, the possibility of HIV infection should be considered.

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

References

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