

Herpes zoster misdiagnosed as testicular torsion

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INTRODUCTION

The prodromal phase of herpes zoster has been mistaken for many surgical emergencies. This article reports a case where acute scrotal pain was misdiagnosed and explored as testicular torsion.

DISCUSSION

Herpes zoster results from the reactivation of dormant virus in the dorsal root ganglia following a decrease in virus-specific cell-mediated immunity. It travels down the sensory nerve and causes dermatomal distribution of pain. The prodrome is followed by the appearance of the characteristic skin rash.

The prodromal phase of zoster can mimic a variety of gastrointestinal

emergencies (Bogomolov and Bakhur, 1984; Hassan and Donohue, 1996). Some patients may have prodromal symptoms without developing the characteristic rash ('zoster sine herpette') (Unger et al, 1998). T5 and T6 are the most commonly affected dermatomes. S3 involvement, as in this case, has been reported before (Spence, 1984), but no case has been so far reported where it mimicked a testicular torsion requiring an exploration.

Administration of antiviral agents within 72 hours of the onset of the rash has been shown to decrease the duration and severity of pain associated with the rash (Schmader, 1995). Around 20% of patients with shingles

develop postherpetic neuralgia, the pathophysiology of which is uncertain. This patient did not have any complications of zoster infection and was doing well after a follow up of 3 months.

In retrospect, hyperaesthesia of normal appearing scrotal skin in patients with torsion is uncommon and should have raised the possibility of an alternative diagnosis. The absence of a classical herpetic rash and the urgent need to salvage the testis made exploration imperative in this case. Preoperative duplex ultrasonography, which has been shown to have a high predictive value (Bickerstaff et al, 1988), could be quite helpful in such difficult situations.

CONCLUSION

The prodromal phase of zoster can mimic testicular torsion. In a patient with sudden onset testicular pain, presence of hyperaesthesia of the overlying skin merits a duplex ultrasound of the testis before exploration. **HM**

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Figure 1. Zoster rash involving the left scrotum and perineum.



CASE REPORT

An 11-year-old boy presented with acute onset left scrotal pain of 3 hours' duration. There was no history of trauma, urinary symptoms, fever or vomiting. On examination, the child was in agony. The left testis was exquisitely tender and there was hyperaesthesia over the scrotal skin. An exploration performed on the clinical suspicion of torsion revealed a testis lying normally. The following day, the boy developed classical herpes zoster rash involving the perineum and the left scrotum (Figure 1). This was confirmed by serological tests. Treatment with acyclovir was successful.