

[PICTURES IN CLINICAL MEDICINE]

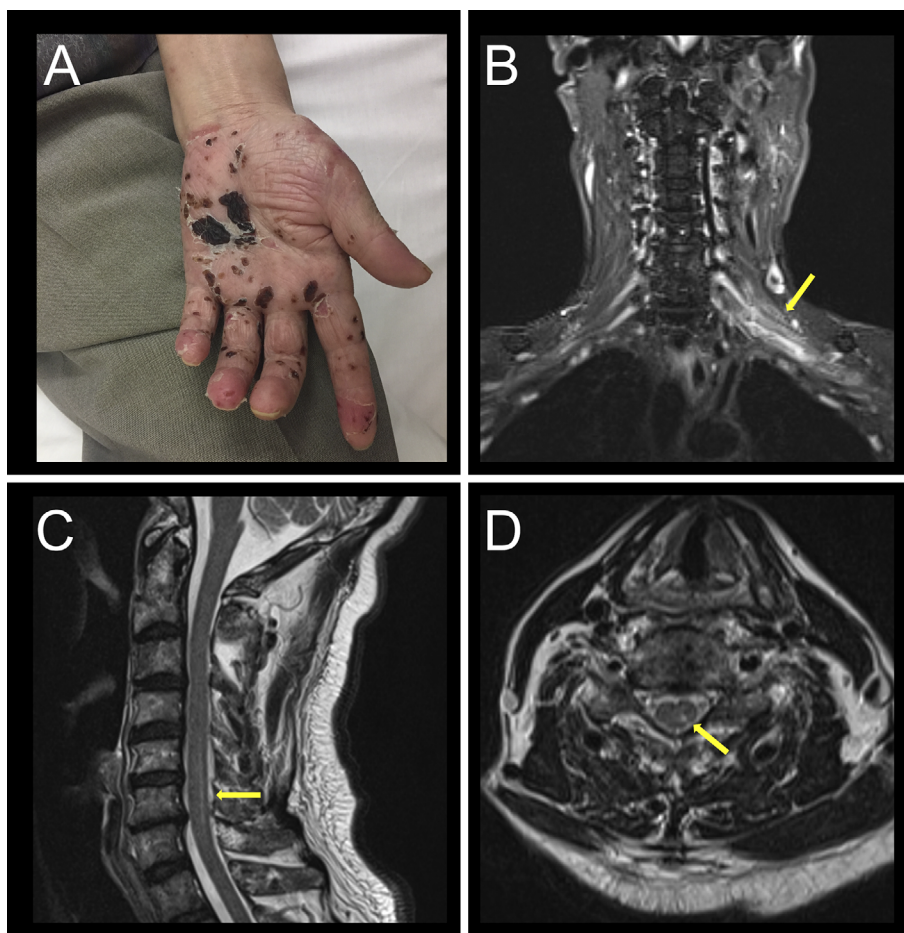
Herpes Zoster Brachial Plexopathy with a Dorsal Horn Lesion

Gohei Yamada¹, Takanari Toyoda¹, Eiichi Katada¹ and Noriyuki Matsukawa²

Key words: herpes zoster, brachial plexopathy, dorsal horn

(Intern Med 60: 3185-3186, 2021)

(DOI: 10.2169/internalmedicine.7171-21)



Picture.

A 71-year-old man developed left hand muscle weakness and numbness 2 weeks after the onset of herpes zoster. A neurological examination revealed severe muscle weakness of the left C8-T1 myotomes and moderate-to-severe sensory impairment over the left C5-T1 dermatomes. We observed

herpes zoster scars on the left palm (Picture A). T2-weighted magnetic resonance imaging revealed a hyperintense lesion in the upper, middle, and lower trunk of the left brachial plexus and the left dorsal horn at the C7-8 level (Picture B-D), and the patient was diagnosed with herpes

¹Department of Neurology, Nagoya City West Medical Center, Japan and ²Department of Neurology, Nagoya City University Graduate School of Medical Sciences, Japan

Received: January 26, 2021; Accepted: February 18, 2021; Advance Publication by J-STAGE: April 5, 2021

Correspondence to Dr. Gohei Yamada, gohyamada@yahoo.co.jp

zoster brachial plexopathy. We speculated that muscle weakness had been caused by the lesion in the lower trunk, and sensory impairment was caused by the lesion in the left upper, middle, and lower trunk as well as that in the left dorsal horn at the C7-8 level. T2 hyperintense lesions of the dorsal horn have not been described in patients with brachial plexopathies other than herpes zoster brachial plexopathy (1). The varicella-zoster virus is known to spread from the dorsal root ganglion to the peripheral and central nervous systems (2). T2 hyperintense lesions of the dorsal horn may represent a radiological hallmark of herpes zoster brachial plexopathy.

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

References

1. Liu Y, Wu BY, Ma ZS, et al. A retrospective case series of segmental zoster paresis of limbs: clinical, electrophysiological and imaging characteristics. *BMC Neurol* **18**: 121, 2018.
2. Kleinschmidt-DeMasters BK, Gildea DH. Varicella-Zoster virus infections of the nervous system: clinical and pathologic correlates. *Arch Pathol Lab Med* **125**: 770-780, 2001.

The Internal Medicine is an Open Access journal distributed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. To view the details of this license, please visit (<https://creativecommons.org/licenses/by-nc-nd/4.0/>).

© 2021 The Japanese Society of Internal Medicine
Intern Med 60: 3185-3186, 2021