Herpes zoster lumbar radiculitis

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Figure 1 Photographs of the patient's right leg

(A, B) Typical zoster vesicles on the right shin in L5 dermatomal distribution.

A 55-year-old immunocompetent woman with a history of shingles presented with 1 week of sharp pain in the right leg, associated with weakness, fevers, and vesicular eruptions. Skin examination showed grouped vesicles distributed predominantly along the right L5 dermatome (figure 1). Neurologic examination revealed right leg weakness (3/5 knee flexion, 4/5 knee extension, 3/5 dorsiflexion, 1/5 toe extension), absent right ankle jerk, and decreased sensation in the anterior shin.¹ Postcontrast lumbosacral plexus MRI demonstrated right L5 extraforaminal nerve root thickening and enhancement, consistent with radiculitis (figure 2).² Skin DNA-PCR testing confirmed herpes zoster. Treatment with IV acyclovir and gabapentin resulted in symptomatic improvement.

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Disclosure

The authors report no disclosures relevant to this manuscript. Go to [Neurology.org/N](https://www.neurology.org/N) for full disclosures.

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Figure 2 Postcontrast T1-weighted fat-saturated MRI of the lumbosacral plexus

(A) Coronal and (B) axial views show enhancement and thickening of the extraforaminal right L5 nerve root (red arrowheads) and a normal left L5 nerve root (yellow arrowheads).

Appendix Authors

Name	Location	Contribution
Abhinav R. Changa, MD	New York University Langone Medical Center, New York	Acquisition, analysis, and interpretation of data for the work; treating physician; drafting of the manuscript and revising it critically; final approval of the version to be published
Rajan Jain, MD	New York University Langone Medical Center, New York	Conceptualization and designing of the work; evaluation of imaging; acquisition, analysis, and interpretation of data for the work; drafting of the manuscript and revising it critically; final approval of the version to be published

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