A 42-year-old immunocompetent man developed left-sided orbital and temporal stabbing pain, accompanied by ipsilateral lacrimation and conjunctival injection with periorbital edema (figure 1A). On day 10, Hutchinson sign, which is defined as zoster skin lesions in the root, dorsum, and apex of the nose,1 became evident with severe keratoconjunctivitis and iritis (figure 1B). PCR testing of blood revealed varicella-zoster virus and he was diagnosed with herpes zoster ophthalmicus (HZO). Hutchinson sign indicates the involvement of the nasociliary nerve, a branch of ophthalmic nerve innervating the eyelid, nose, and eye (figure 2), and is the strong predictor of the ocular complications of HZO.1,2 Compared to HZO in the absence of Hutchinson sign, the presence of Hutchinson sign indicates a 3.4-fold increase in the risk of developing ocular inflammation and a 4-fold increase in the risk of developing corneal denervation.2

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Disclosure
The authors report no disclosures relevant to the manuscript. Go to Neurology.org/N for full disclosures.
Figure 2 Distribution of the Nasociliary Nerve

The dermatome of the nasociliary nerve is shown with the infratrochlear (red) and the external nasal (blue) nerve branches.

Appendix Authors

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eiichiro Amano, MD</td>
<td>Tsuchiura Kyodo</td>
<td>Designed and analyzed the data, major role in the acquisition of data</td>
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References

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