Mistaken identities: penile herpes zoster

To the Editor:

A previously healthy 52-year-old man presented with multiple non-vesicular erosions on both sides of the penile shaft following a 2-week course of topical corticosteroid and oral antifungal therapy (figure 1). Based on an initial diagnosis of genital herpes, valacyclovir (500 mg two times per day) was recommended. Genital swabs underwent molecular testing including a multiplex PCR targeting HSV-1, HSV-2 and varicella-zoster virus (VZV). Results were positive for VZV but negative for HSV-1 and HSV-2, as well as syphilis, chlamydia and gonorrhoea. Other tests, including HIV serology, were unremarkable. Valacyclovir was increased to 1 g three times a day for 1 week. The lesions healed without sequelae.

VZV reactivation from the sacral ganglia is rare. It usually involves the sacral nerves S2–S4 and can affect the penis, scrotum, lower urinary tract and rectum. Sacral herpes zoster is an under-recognised cause of genital lesions (<3%)1 and may be difficult to recognise, especially if a typical dermatomal distribution is lacking.2 Yet, a specific diagnosis is important to inform management and guide counselling about source of infection and likelihood of recurrence.

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Figure 1 Herpes zoster affecting the penile shaft. The photograph was taken after 2 weeks of topical steroid therapy.

REFERENCES