

Isolated small bowel niveau preceded rash in herpes zoster

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Abstract

A 64-year old man noticed pain in his left flank and left back in August 2015. Six days later the pain became so severe that he visited an emergency room. He has been followed up for ulcerative colitis since 2002. Ulcerative colitis was in remission without biologics, immunosuppressants, or steroid hormone. An isolated small bowel niveau was found and ileus was diagnosed. The pain and the niveau hardly changed for four days. On 5th hospital day, niveau disappeared. That night, however, he noticed a vesicular rash over his left back, T10-11 dermatome. Herpes zoster was diagnosed. Acyclovir 750 mg/day was administered for 1 week. On the 6th day, meals were resumed. He was discharged on 13th day.

There are case reports in which constipation, meteorism, or pseudo-obstruction due to dysmotility of the large bowel precedes or accompanies herpes zoster. However, cases of small bowel involvement are much less documented. Herpes zoster should be added to the list of differential diagnosis for (isolated) small bowel niveau(s).

Keywords

varicella-zoster virus infection; niveau; acute abdomen; herpes zoster; ileus; small bowel obstruction

Clinical Images

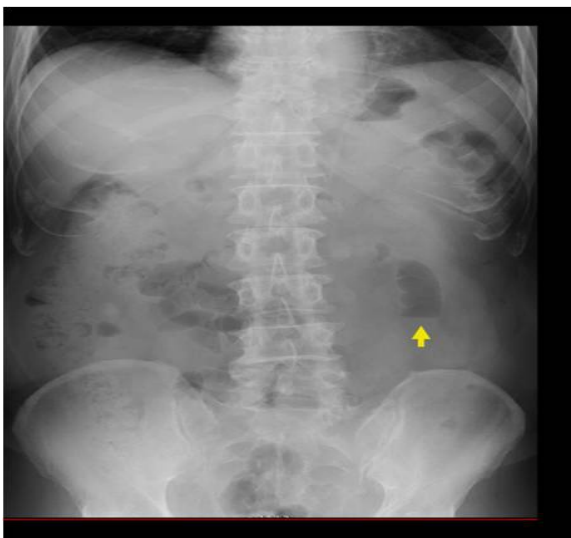


Figure 1: Scout film of the abdomen (upright position) on the day of admission shows solitary small bowel niveau (arrow).

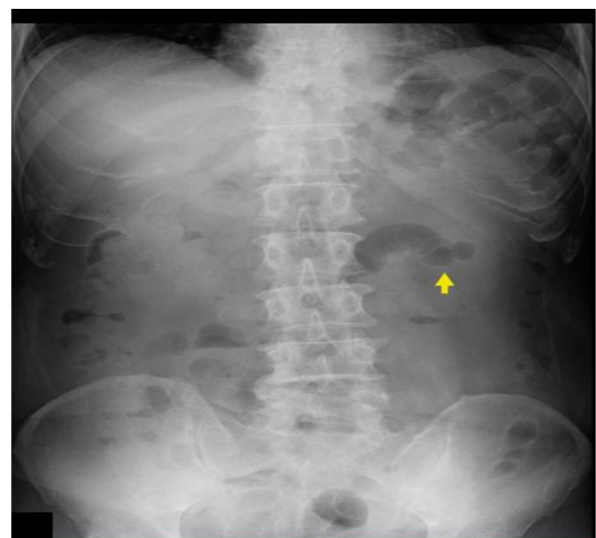


Figure 2: Scout film of the abdomen (upright position) on 4th hospital day shows similar solitary small bowel loop as Figure 1 (arrow).

Description

A 64-year old man with severe pain in his left flank and left back visited an emergency room where an isolated small bowel niveau was disclosed [Figure 1] leading to an ileus diagnosis. The pain and the niveau hardly changed [Figure 2] until the 5th day of hospitalization when the niveau disappeared. That night, however, a vesicular rash typical of herpes zoster appeared on his left back (T10-11 dermatome).

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