Herpes Zoster Ophthalmicus That Mimics the SUNCT Syndrome

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Dear Editor,

Short-lasting unilateral neuralgiform headaches with conjunctival injection and tearing (SUNCT) syndrome is one of the trigeminal autonomic cephalalgias. Headache particularly occurs in the orbital-supraorbital region and lasts for approximately 49 s (1,2). The varicella-zoster virus (VZV) is a member of the herpes virus family, and it can remain latent in the trigeminal nerve ganglion and expand from the ganglion to the sensorial nerve when reactivated (2). The risk of developing herpes zoster virus (HZV) infection in a lifetime is 20% (3). The nerve most affected by HZV is the fifth cranial nerve (particularly, the ophthalmic nerve) (4). This paper presents two cases of herpes zoster ophthalmicus whose headaches in the prodromal period mimicked the SUNCT syndrome and who were diagnosed with the presentation of vesicular desquamation. Informed written consent was obtained from the participants.

Case 1: A 39-year-old female patient presented with a complaint of headache in the left side of her head for 6 days. The pain was experienced around the eye, it was very intense and was like a pinprick, it lasted for 4–5 s and repeated 200–300 times, and there was also hemorrhage in the eye. When the patient was under carbamazepine 400 mg/day treatment with a diagnosis of the SUNCT syndrome, vesicular desquamation occurred on the hairy skin of the left frontal region on the eighth day of the onset of pain. The department of dermatology started acyclovir 800 mg/day with a diagnosis of herpes zoster ophthalmicus. The headache was brought under control with a treatment of pregabalin 225 mg/day.

Case 2: A 75 year old male patient came with a complaint of headache in the left side of her head that continued for 4 days. The pain was particularly experienced around the forehead, it had medium-severe intensity, it repeated approximately 100 times, and there was also tearing in the eye. Lamotrigine 50 mg/day treatment was started, assuming that the patient had the SUNCT syndrome. On the fourth day of the treatment, vesicular desquamation occurred on the left forehead and frontal hairy skin (Figure 1). Acyclovir 800 mg/day treatment was started with a diagnosis of herpes zoster ophthalmicus. The headache completely disappeared with a treatment of gabapentin 1800 mg/day.

Herpes zoster ophthalmicus is an acute dermatomal infection that occurs with the reactivation of VZV. It frequently causes vesicular desquamation in the periorbital region and the skin of the forehead (2). The typical involvement areas in the zoster are the thoracic (53%), cervical (20%), ophthalmic (15%), and lumbosacral (11%) regions.

Figure 1. Vesicular lesion on the ophthalmic branch of the left trigeminal nerve

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The intensity and characteristics of the headache, which can be seen as a prodromal symptom, vary. The period between the onset of headaches and the appearance of vesicular desquamation can be as long as 15 days (2,5). In the literature, there are no reports of cases of herpes zoster ophthalmicus that present by mimicking autonomic cephalgias.

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