SEGMENTAL ZOSTER PARESIS PRESENTING WITH FOOT DROP: A RARE COMPLICATION OF HERPES ZOSTER

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Background

Herpes zoster is a viral infection caused by the reactivation of the varicella-zoster virus latent in the dorsal root ganglia, typically presenting with dermatomal vesicular rashes and neuropathic pain. Its incidence increases with aging and immunosuppression. A rare but clinically significant complication is segmental zoster paresis (SZP), which involves motor nerve impairment leading to weakness in the affected limb. Motor deficits usually develop within 1-8 weeks after the appearance of skin lesions. Although the prognosis is generally favorable with timely diagnosis and intervention, delayed recognition may result in long-term functional impairments.

Case report

A 63-year-old male presented with right foot drop and difficulty walking. Two months earlier, he had developed vesicular lesions on the anteromedial side of his right leg, accompanied by pain on the lateral aspect. He was diagnosed with herpes zoster and treated with oral valacyclovir. One week after the rash appeared, he noticed weakness in his right foot. There was no history of trauma, systemic illness, lower back pain, or prior surgery. Electromyography (EMG) revealed severe partial axonal involvement of the right deep peroneal nerve proximal to its innervation of the tibialis anterior; there was no evidence of radiculopathy on EMG. Laboratory findings were unremarkable. On physical examination, the strength of dorsiflexion, eversion, and inversion in the right foot was graded 0/5, and hypoesthesia was noted in the first web space. An ankle-foot orthosis was prescribed, and the patient was enrolled in a rehabilitation program. At 3-month follow-up, eversion and inversion improved to 2/5, but no further motor or sensory recovery was observed.

Conclusion

Segmental zoster paresis is a rare but disabling complication of herpes zoster that can significantly impact daily activities. Early diagnosis, treatment and initiation of rehabilitation are crucial for better outcomes. Delayed diagnosis and management may lead to poor prognosis and persistent neurological deficits.

Keywords: Foot Drop, Segmental Zoster Paresis