

# Recurrent Lumbosacral Herpes Simplex in the Bedridden Hospitalized Patient

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*A clinical variant of genital herpes simplex virus (HSV) infection, recurrent lumbosacral HSV, occurs in bedridden hospitalized patients. We want to call attention to an uncommon pattern of HSV infection in the hospitalized bedridden patient seen by the dermatology consultation service in a large university hospital. HSV is characterized by a mixture of recurrent groups of herpetic vesicles in all stages of development, with multiple, persistent hyperpigmented patches bilaterally distributed over the lumbosacral (buttocks) area.*

Recurrent lumbosacral herpes simplex virus (HSV) infection is quite common. More than 20% of adults in the United States now show serologic evidence of infection with HSV type 2 (HSV-2), which is responsible for the majority of cases of lumbosacral HSV, and the incidence of new infections has been on the rise during the past decade.<sup>1</sup> With estimates at more than 1 million new cases of HSV-2 infection occurring annually in the United States,<sup>2</sup> lumbosacral HSV is becoming a problem of significant concern.

## Case Report

An 83-year-old woman with a past medical history of type 1 diabetes mellitus hypertension, Hashimoto's thyroiditis, and diverticulosis was admitted to the hospital; she was febrile, with diabetic ketoacidosis secondary to urinary tract infection. Five days after



Active vesicles interspersed among hyperpigmented patches left from prior episodes of lumbosacral herpes simplex.

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admission, it was noted that she had clustered vesicles on an erythematous base, interspersed among hyperpigmented macules and patches, on both aspects of her lower back and buttocks (Figure). Tzanck smear was positive for multinucleate giant cells, and viral culture grew HSV-2. The patient recalled experiencing more than 10 similar outbreaks

during the past decade, each occurring in the same location in association with pruritus and backache. Treatment with acyclovir 400 mg orally every 8 hours was initiated, and healing was complete within 10 days.

### Comment

Lumbosacral HSV is usually characterized by recurrent herpetic lesions of the lower back and buttocks. The lumbosacral eruptions may occur with or without concomitant genital involvement.<sup>3</sup> Many patients experience recurrent outbreaks periodically for years after the primary infection, which is often asymptomatic.<sup>2</sup> The cause of recurrence is unknown, but an association with stress, fatigue, or the menses may be noted.<sup>4</sup> A prodrome of localized burning, pruritus, or deep pelvic ache is a characteristic feature, occurring 1 to 3 days before the appearance of the vesicles.<sup>5</sup> Rarely, there may be a sciaticlike discomfort.<sup>6,7</sup> The vesicular clusters surmounting erythematous patches usually heal with hyperpigmentation and little or no scarring.

This case is a classic example of the many cases of recurrent lumbosacral HSV seen in bedridden patients in the hospital. In contrast to the typical unilateral lumbosacral distribution characteristic of HSV in ambulatory individuals,<sup>8</sup> lumbosacral HSV in the chronically ill, bedridden, hospitalized patient is marked by bilaterally distributed and nondermatomal, herpetically grouped vesicles. Hyperpigmented patches scattered over the buttocks are generally present, documenting the chronic, recurrent nature of the outbreaks. These differences in distribution are not caused by an immunocompromised state, as each of these vesicular patches heals in 7 to 10 days.<sup>5</sup> However, in the immunocompromised patient, the vesicles are often larger, and deeper ulcerations occur with satellite lesions, all of which may cause healing to take a considerably longer time.<sup>9,10</sup>

When lumbosacral HSV occurs in bedridden patients, the diagnosis may be missed and improper therapy instituted. The chronic ulceration of HSV infection may be confused with decubitus ulcers, while herpetic vesicles and pustules may be mistaken for bacterial or fungal folliculitis. It is important to recognize and promptly treat these herpes infections to avoid their spread, curtail progressive ulceration, and reduce the duration of symptoms.

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