

### Background:

A forty six year old gentleman presents complaining of severe unilateral odynophagia and left facial pain for one day. He was previously healthy except for alcoholic liver disease. There were no constitutional symptoms

### Case Progression:

The patient exhibited a vesicular rash on the palate that was tender (burning). There were diffusely tender dentition but no specific dental pain on percussion of the teeth. A provisional diagnosis of Herpes Zoster maxillaris was done and the remainder of the exam including the eye was normal. He was started on anti-virals and analgesics and recovered.



### Teaching Points:

This patient shows a vesicular enanthem that is located in the V2 distribution of the Trigeminal nerve specifically in the greater and lesser palatine nerves that stops exactly in the midline. This is specific to the dermatome distribution seen in herpes zoster. This represents a reactivation of latent VZV in the the Trigeminal ganglion possibly exacerbated by alcohol use. Secondary VZV infection usually occurs unilaterally in the thoracolumbar dermatomes although the Trigeminal nerve is the most commonly affected Cranial nerve. Confusion with other causes of odontogenic pain can be challenging although in this case, simplified by the distribution of lesions.