

Herpes Zoster Mimmicking Renal Colic

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1. Abstract

1.1. Back Ground

Herpes zoster, or shingles, is a painful viral infection caused by the reactivation of the varicella-zoster virus (VZV), the same virus as chickenpox, resulting in a blistering rash, often on one side of the body or face, accompanied by burning pain, tingling, and itching, which can develop into postherpetic pain. It typically appears as a band of fluid-filled blisters that crust over in a few weeks, with early symptoms including headache, fever, and fatigue. Treatment with antiviral medications can reduce severity, and vaccination is available to prevent it. Pain in the abdomen with herpes zoster is often due to nerve inflammation in the T8-T12 dermatomes, causing intense, usually unilateral, burning pain, sometimes before a rash appears, and can manifest as abdominal wall weakness (pseudo hernia) or even gastrointestinal issues like pseudo-obstruction, though rare. It's crucial to suspect zoster in severe abdominal pain to avoid misdiagnosis, with treatment focused on antivirals like acyclovir and managing pain, as imaging (like CT/MRI) helps rule out other serious conditions like true hernias or bowel problems

1.2. Case Report

A 45 -year-old female patient, not a known case of any chronic illness presented with acute pain abdomen for one week. The pain was typically in whole of left renal angle. It was not associated with fever, bladder symptoms or vomiting. She was seen by some local practitioner who treated her symptomatically with analgesics and proton pump inhibitors but for no relief. She reported in casualty where she was given intravenous analgesics which gave temporary relief. She gave history of non-passage of flatus and faeces for three days for which surgeon opinion was taken who diagnosed it to be transient paralytic ileus and conservative management. The ultrasonogram abdomen was normal and x-ray show mild dilated gut loops. Now she developed electric current like sensation below skin in left renal angle. She was referred to our department for gastroenterological consultation. The pain was persisting but she had started passing flatus and faeces. It was time of winter and she

was wearing sweater and jacket and thus was reluctant in removing them for clinical examination but on our request, she agreed. On inspection, there were clear cut erythematous-papulo vesicular lesion in right renal area in dermatomal level. On enquiring, she said that these itching lesions have appeared two days back, meaning by five days after onset of pain. The rest of abdominal, cardio-vascular, respiratory, neurological examination was essentially normal. The dermatological opinion was taken who re-confirmed it to be herpes zoster and started her on oral and topic antiviral, along with oral analgesic and anti-inflammatory drugs. She responded to treatment within ten days and was asymptomatic even after three months.

1.3. Conclusion

The first diagnosis which comes into mind of everybody for renal angle pain is renal colic but there can be rare causes also like Herpes zoster. There is time interval between beginning of pain abdomen and eruption of lesions is a window period which makes it difficult for making proper diagnosis.

2. Introduction

Varicella Zoster virus (VZV) infection was first documented in the writings of ancient civilizations as a vesicular rash of unknown causes. A relationship between herpes zoster and chickenpox was suggested in 1888 and was finally proven in the 1950s. Since then, much progress has been made in preventing and treating the disease with the introduction of a live attenuated vaccine in 1974, treatment with acyclovir in the 1980s, and complete DNA sequencing in 1986, all of which may ultimately lead to the eradication of VZV infection [1]. Herpes zoster (HZ) is the reactivated form of the Varicella Zoster virus (VZV), the same virus responsible for chicken pox. HZ is more commonly known as shingles, from the Latin cingulum, for "girdle". This is because of common presentation of HZ involves a unilateral rash that can wrap around the waist or torso like a girdle. Similarly, the name zoster is derived from classical Greek, referring to a belt like binding (known as a zoster) used by warriors to secure armor [2]. Herpes zoster is

caused by Varicella Zoster virus, a neuro-dermotropic virus which is distributed worldwide. It is characterized by unilateral radicular pain and grouped vesicular eruption that is generally limited to the dermatome innervated by a single spinal or cranial sensory ganglion. It occurs as a result of reactivation of the latent virus from within the sensory ganglion following an earlier attack of varicella [3-5]. The most commonly affected dermatomes are the thoracic (45%), cervical (23%), and trigeminal (15%) [6,7].

3. Case Report

A 45-year-old female patient, not a known case of any chronic illness presented with acute pain abdomen for one week. The pain was typically in whole of left renal angle. It was not associated with fever, bladder symptoms or vomiting. She was seen by some local practitioner who treated her symptomatically with analgesics and proton pump inhibitors but for no relief. She reported in casualty where she was given intravenous analgesics which gave temporary relief. She gave history of non-passage of flatus and faeces for three days for which surgeon opinion was taken who diagnosed it

to be transient paralytic ileus and conservative management. The X-ray abdomen showed mild dilatation of gut loops but ultrasonogram abdomen was normal. Now she developed electric current like sensation below skin in left renal angle. She was referred to our department for gastroenterological consultation. The pain was persisting but she had started passing flatus and faeces. It was time of winter and she was wearing sweater and jacket and thus was reluctant in removing them for clinical examination but on our request, she agreed. On inspection, there were clear cut erythematous-to-papulo vesicular lesion in right renal area in dermatomal level. On enquiring, she said that these itching lesions have appeared two days back, meaning by five days after onset of pain. The rest of abdominal, cardio-vascular, respiratory, neurological examination was essentially normal. The dermatological opinion was taken who re-confirmed it to be herpes zoster and started her on oral and topical antiviral, along with oral analgesic and anti-inflammatory drugs. She responded to treatment within ten days and was asymptomatic even after three months.



Figure 1: Showing Herpes Zoster Lesions Along A Dermatome In Left Renal Angle Area.

4. Discussion

The classic presentation of HZ starts with a prodrome of mild-to-moderate burning or tingling in or under the skin of a given dermatome, often accompanied by fever, chills, headache, stomach upset, and general malaise. Within 48-72 hours from the prodrome, an erythematous, maculopapular rash forms unilaterally along the dermatome and rapidly develops into vesicular lesions reminiscent of the original chickenpox outbreak. The pain associated with shingles varies in intensity from mild to severe such that even the slightest touch or breeze can elicit excruciating spasms [8]. The lesions usually begin to dry and scab 3-5 days after appearing. Total duration of the disease is generally between 7-10 days; however, it may take several weeks for the skin to return to normal. The time interval between starting of pain abdomen and eruption of skin lesions is most difficult time to diagnose, as happened in

our case. She had features of pseudo-obstruction which are rarely reported with VZ virus. In addition to transient non-passage of flatus and faeces, she had dilated gut loops on x-ray abdomen, thus surgeon opinion was also taken who rightly advised for conservative approach. The eruption of skin lesions made the diagnosis and prevented further radiological investigations like computed tomography scan. Thus, our case re-in forces to always look into atypical causes of pain abdomen whenever anybody faces diagnostic dilemma.

5. Conclusion

The first diagnosis which comes into mind of everybody for renal angle pain is renal colic but there can be rare causes also like Herpes zoster. There is time interval between beginning of pain abdomen and eruption of lesions is a window period which makes it difficult for making proper diagnosis.

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