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Letter

Herpes zoster duplex bilateralis

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Abstract

Disseminated herpes zoster has been defined by some authors as a generalized eruption of more than 20 lesions beyond the primary or adjacent dermatomes, usually within a week of clinical manifestation of the primary lesion. In the case described by Takaoka et al. the two lesions presented simultaneously with no evidence of widespread eruption. Perhaps the term, disseminated should not have been employed in this situation.

To the editor

I read with great interest the article by Takaoka et al. named “Bilateral disseminated herpes zoster in an immunocompetent host” published in the *Dermatology Online Journal* [1]. I agree with the authors that bilateral distant dermatomal involvement is a rare clinical presentation of herpes zoster [1, 2]. In contrast, involvement of multiple adjacent dermatomes is a very common clinical and electrophysiological presentation [3]. Furthermore, I believe that the term “disseminated”, when used in its clinical sense, should be applied when there are wide-spread, numerous lesions outside of the primary dermatome. Disseminated cutaneous zoster has been defined by some authors as a generalized eruption of more than 20 lesions beyond the primary or adjacent dermatomes, usually within a week of clinical manifestation of the primary lesion [4, 5]. In the case described by Takaoka et al. the two lesions presented simultaneously with no evidence of widespread eruption. It is not clear in the current literature if cases with distant dermatomal involvement are caused by spread from one to the other location or simultaneous reactivation at two separate locations. However, another important finding is that viremia has also been reported to occur during localized VZV reactivation [6]. In conclusion, I believe that until further evidence is available the term “disseminated zoster” should only be used in cases with clinical findings of such dissemination as described above.

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