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# Two Cases of Herpes Zoster Appearing after Botulinum Toxin Type A Injections

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## ABSTRACT

Two patients under the authors' care developed facial herpes zoster that erupted soon after cosmetic treatment with botulinum toxin type A (BTA). Both patients received typical doses of BTA in the glabella, forehead, and lateral periorbital areas. Within one week after treatment, each patient began experiencing symptoms of herpes zoster in one of the dermatomes supplied by the trigeminal nerve. Since the resolution of the herpes zoster, both patients have gone on to receive further treatments of BTA with prophylactic oral antivirals without sequelae. (*J Clin Aesthet Dermatol.* 2011;4(10):49–51.)

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## CASE 1

A 55-year-old woman had received at least eight treatments with BTA for lines of facial expression prior to her treatment in March 2008. At that time, she received her usual injections at three sites—glabella, forehead, and lateral periorbital areas. A total of 50 units were injected. She had no prior history of herpes zoster and was not immunosuppressed. Her only medication was citalopram 20mg by mouth once per day. After her treatment in March 2008, she developed swelling, pain, and pruritus of the left forehead and glabella region. She was seen seven days after her treatment and had poorly demarcated erythema and edema with superficial erosions of the left forehead and glabella (Figure 1). The erosions were not at the exact sites where the BTA injections were placed. A diagnosis of herpes zoster in the first branch of the left trigeminal nerve was made and she was treated with valacyclovir hydrochloride 1g three times daily for 10 days. One week after her presentation with herpes zoster, she was seen again, and her signs and symptoms had almost completely resolved. She received repeat treatment with BTA in September 2008 and concomitantly received oral antivirals without recurrence of herpes zoster.

## CASE 2

A 48-year-old woman had no prior treatment with BTA until April of 2007. At that time, she was treated with BTA in the glabella, forehead, and lateral periorbital areas. She had no prior history of herpes zoster or immunosuppression and was not on any medications. Six days following treatment, she noted paresthesias of the right external ear. This progressed over that day to include right ear “throbbing” and a “constant headache” on the right side of the head. Seven days after injection, she developed vesicles on her right forehead and in the glabella area. One day later, she developed right eye swelling, but had no changes in her visual acuity. She was diagnosed with “sinusitis” and a “bacterial skin infection,” according to the patient. Ten days after her treatment with BTA, she described having “horrendous right-sided head pain and itching.” At this point, her right eye was swollen closed and she presented to a local emergency room where several physicians including two ophthalmologists evaluated her. She was diagnosed with herpes zoster. The next day, she followed up with another ophthalmologist and a dermatologist who both confirmed the diagnosis of herpes zoster of the first trigeminal dermatome. She was treated with oral valacyclovir and oral pain medication. Her skin

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**DISCLOSURE:** The authors report no relevant conflicts of interest.

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