



Zoster sine herpette presenting with meralgia paresthetica-like thigh pain: A case report

*Corresponding Author: **Lütfiye Pirbudak**

Tel: +90-533-480-10-16; Email: lutfiyep@hotmail.com

Abstract

Background: Zoster sine herpette is a rare form of Varicella-Zoster Virus (VZV) reactivation presenting solely with neurological symptoms without cutaneous lesions, often leading to diagnostic delays and inappropriate interventions.

Methods: We present a 51-year-old female patient who presented with burning, knife-like pain in the anterior and lateral aspect of her right thigh lasting two months. Clinical evaluation, laboratory investigations including VZV serology, and diagnostic interventions were performed.

Results: Prior to presentation, the patient had undergone lateral femoral cutaneous nerve radiofrequency thermocoagulation elsewhere under the diagnosis of meralgia paresthetica, with no significant relief. Subsequent evaluation at our clinic revealed elevated Varicella IgG (497.42, positive) with negative IgM (0.07), supporting the diagnosis of zoster sine herpette. Lumbar sympathetic block at L2-L3 with platelet-rich plasma and ozone injections resulted in at least 50% pain reduction.

Conclusions: Zoster sine herpette should be considered in the differential diagnosis of atypical lateral thigh pain even without skin lesions. Early VZV serology may prevent unnecessary interventions and guide appropriate treatment.

Introduction

Herpes zoster is a viral illness resulting from the reactivation of the Varicella-Zoster Virus (VZV), characterized by dermatomal distribution and typically presenting with unilateral pain and vesicular rash [1,2]. Postherpetic Neuralgia (PHN) may develop in 10-15% of patients following zoster infection, representing a chronic neuropathic pain condition that persists after the resolution of skin lesions, occurring more frequently in elderly patients [3,4].

Lütfiye Pirbudak^{1*}; Elzem Şen²; Muhittin Taşdoğan²; Yavuz Saygılı²; Ozan Kutlu²

¹Department of Algology, Gaziantep University Faculty of Medicine, Şahinbey Research and Application Hospital, Gaziantep, Turkey.

²Department of Anesthesiology and Reanimation, Gaziantep University Faculty of Medicine, Şahinbey Research and Application Hospital, Gaziantep, Turkey.

Received: Apr 14, 2026

Accepted: May 15, 2026

Published Online: May 22, 2026

Journal: Annals of Surgical Case Reports & Images

Online edition: <https://annsri.org>

Copyright: © Pirbudak L (2026). This Article is distributed under the terms of Creative Commons Attribution 4.0 International License.

Cite this article: Pirbudak L, Sen E, Tasdogan M, Saygili Y, Kutlu O. Zoster sine herpette presenting with meralgia paresthetica-like thigh pain: A case report. Ann Surg Case Rep Images. 2026; 3(1): 1130.

Keywords: Zoster sine herpette; Meralgia paresthetica; Varicella-zoster virus; Neuropathic pain; Lumbar sympathetic block; Case report.

Zoster sine herpette is a rare form of VZV reactivation that manifests solely with neurological symptoms in the absence of cutaneous lesions. Its diagnosis is particularly challenging and is often delayed [5,6].

Meralgia paresthetica is a neuropathic pain syndrome arising from compression or injury to the Lateral Femoral Cutaneous Nerve (LFCN), presenting with burning, tingling, and pain in the anterior and lateral thigh. Diabetes, obesity, tight clothing, and belt pressure are recognized contributing factors [7,8].



We present a rare case in which zoster sine herpette was initially mistaken for meralgia paresthetica, leading to an inappropriate therapeutic intervention, followed by establishment of the correct diagnosis and implementation of appropriate treatment.

Case report

A 51-year-old woman presented to our clinic on December 10, 2025, with a two-month history of burning, knife-like pain in the anterior and lateral aspect of her right thigh. She described constant pain throughout the day, exacerbated by touch, with relief only upon extending her leg or applying ice. The pain was isolated to the described region without radiation.

Physical examination revealed no pathological findings on inspection of the right lateral thigh; tenderness was elicited upon palpation of the painful area. Bilateral straight leg raise, FABER, FADIR, Kemp, Slump, and Gaenslen tests were unremarkable. Difficulty walking on the right toes and heel was noted. The DN4 score was calculated as 6.

Review of a lumbar MRI dated November 19, 2025, demonstrated left-predominant bulging at L4-L5 causing dural sac compression, annular tear at L5-S1. Laboratory findings from an external center showed CRP (22.52 mg/L), ferritin (8.4 ng/mL), and vitamin D (180 ng/mL, dated June 12, 2025).

The patient reported prior consultations at rheumatology and orthopedics clinics at another center before presenting to us, where topical muscle relaxants and Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) were prescribed; she had also used over-the-counter NSAIDs previously without benefit.

Considering the history, physical examination, imaging, and laboratory findings together, a presumptive diagnosis of zoster sine herpette was considered. VZV antibody tests along with additional rheumatological investigations were requested. Initial treatment consisted of Zaldiar (3×1), Contramal Retard (2×1), duloxetine 30 mg (1×1), and vitamin B complex (1×1) targeting neuropathic pain. The patient was instructed to return if symptoms persisted and was thoroughly informed that Radio Frequency (RF) procedure could be performed if needed.

Due to persistent complaints, the patient returned to our clinic on March 16, 2026. History revealed that, without waiting for her follow-up appointment, she had sought care at another center on her own initiative. Review of E-Nabiz (Turkey's national electronic health record system) records indicated that she presented to the external center on February 19, 2026; based on physical examination, laboratory results, and the November 19, 2025 lumbar MRI findings, a diagnostic block was performed with a presumptive diagnosis of meralgia paresthetica. Following positive response to the diagnostic block, right LFCN radiofrequency thermocoagulation was performed on February 24, 2026. The patient stated that no significant pain relief was achieved after this procedure, prompting her return to our clinic.

Evaluation of the laboratory results requested at her initial presentation to our clinic revealed: CRP (7.53 mg/L), ASO (42 IU/mL), RF (9.4 IU/mL, dated December 10, 2025), Varicella IgG (497.42, positive), IgM (0.07, negative), ferritin (5.2 ng/mL), vitamin B12 (265 pg/mL), and ESR (32 mm/h). Elevated Varicella IgG with negative IgM supported the diagnosis of zoster sine herpette.

Given the lack of significant improvement following RF application at the external center, lumbar sympathetic block at the L2-L3 level was performed on March 17, 2026, with Platelet-Rich Plasma (PRP) and ozone injections added to the treatment regimen. Following these interventions, the patient reported at least 50% reduction in pain.

Discussion

Zoster sine herpette is a rare form of VZV reactivation presenting solely with neurological symptoms without cutaneous lesions. Its diagnosis is difficult and frequently delayed [5,6]. In our patient, the absence of typical zoster rash complicated the diagnosis, leading to continued symptoms despite treatment administered at another center under the presumptive diagnosis of meralgia paresthetica.

Meralgia paresthetica and zoster sine herpette may exhibit similar clinical characteristics. Both conditions can present with burning, tingling, and pain in the lateral thigh. However, VZV serology may be positive in zoster sine herpette [9,10].

Prior to presentation, the patient had undergone lateral femoral cutaneous nerve radiofrequency thermocoagulation elsewhere under the diagnosis of meralgia paresthetica, with no significant relief. This illustrates the risk of interventional procedures performed without confirming the underlying etiology. When the actual pathology involves viral ganglionitis and central sensitization rather than peripheral nerve entrapment, interventions targeting the wrong mechanism are unlikely to succeed.

Lumbar sympathetic block is an effective method in neuropathic pain management. Sympathetic nervous system blockade reduces vasoconstriction, thereby enhancing tissue perfusion and suppressing pain signal transmission [11,12]. PRP and ozone therapy are also effective in neuropathic pain treatment due to their anti-inflammatory and tissue regeneration properties. In our patient, a combined treatment approach following zoster sine herpette diagnosis resulted in marked clinical improvement.

Conclusion

Zoster sine herpette is a rare clinical condition that may be confused with meralgia paresthetica. Zoster sine herpette should be considered in patients presenting with neuropathic pain in the lateral thigh even in the absence of skin lesions. Despite clinical similarities, establishing the correct diagnosis through appropriate laboratory investigations and planning treatment accordingly is of critical importance. Early diagnosis and appropriate treatment may prevent the development of chronic pain and avoid unnecessary interventional procedures.

Synopsis

A rare case of zoster sine herpette presenting with meralgia paresthetica-like symptoms, initially misdiagnosed and treated with radiofrequency thermocoagulation, subsequently managed with lumbar sympathetic block after diagnostic reconsideration supported by VZV serology.

Author declarations

Conflict of interest disclosure: The authors declare no conflicts of interest.

Ethical approval: Written informed consent was obtained from the patient for publication of this case report.

References

1. Mallick-Searle T, Snodgrass B, Brant JM. Postherpetic neuralgia: epidemiology, pathophysiology, and pain management pharmacology. *J Multidiscip Healthc.* 2016; 9: 447-454.
2. Tang J, Zhang Y, Liu C, Zeng A, Song L. Therapeutic strategies for postherpetic neuralgia: mechanisms, treatments, and perspectives. *Curr Pain Headache Rep.* 2023; 27: 307-319.
3. Wu CY, Lin HC, Chen SF, et al. Efficacy of pulsed radiofrequency in herpetic neuralgia: a meta-analysis of randomized controlled trials. *Clin J Pain.* 2020; 36: 887-895.
4. Zhou J, Li J, Ma L, Cao S. Zoster sine herpette: a review. *Korean J Pain.* 2020; 33: 208-215.
5. Grossman MG, Ducey SA, Nadler SS, Levy AS. Meralgia paresthetica: diagnosis and treatment. *J Am Acad Orthop Surg.* 2001; 9: 336-344.
6. Harney D, Patijn J. Meralgia paresthetica: diagnosis and management strategies. *Pain Med.* 2007; 8: 669-677.
7. Jeon YH. Herpes zoster and postherpetic neuralgia: practical consideration for prevention and treatment. *Korean J Pain.* 2015; 28: 177-184.
8. Kim HJ, Ahn HS, Lee JY, et al. Effects of applying nerve blocks to prevent postherpetic neuralgia in patients with acute herpes zoster: a systematic review and meta-analysis. *Korean J Pain.* 2017; 30: 3-17.
9. Wei FL, Li T, Song Y, et al. Sciatic herpes zoster suspected of lumbar disc herniation: an infrequent case report and literature review. *Front Surg.* 2021; 8: 663740.
10. Koda M, Mannoji C, Oikawa M, et al. Herpes zoster sciatica mimicking lumbar canal stenosis: a case report. *BMC Res Notes.* 2015; 8: 320.
11. Day M. Sympathetic blocks: the evidence. *Pain Pract.* 2008; 8: 98-109.
12. Manjunath PS, Jayalakshmi TS, Dureja GP, Prevost AT. Management of lower limb complex regional pain syndrome by lumbar sympathetic block. *J Pain Symptom Manage.* 2008; 36: 393-399.