GALACTORRHOEA SECONDARY TO HERPES ZOSTER

Sushruth G. Kamoji1, Naveen S. Angadi2

1Consultant Dermatologist, Sparsh Skin, Hair and Laser Clinic, Belagavi.
2Consultant Endocrinologist, Belagavi.

ABSTRACT

BACKGROUND
A 54-year-old female was referred with left-sided nipple discharge for last 4 months. The patient had suffered from Herpes zoster a year ago and was still having post herpetic neuralgia. Her serum prolactin and thyroid levels were normal, and she was not on any medications. This is a rare case of galactorrhoea secondary to chest wall stimulation as a result of post-herpetic neuralgia. Only about 3 cases have been reported in the past.

KEYWORDS
Herpes Zoster, Galactorrhoea, Post-herpetic Neuralgia.


BACKGROUND
Galactorrhoea is defined as secretion of milk or milk like fluid, from one or both nipples in the absence of child birth. It may be seen in men and women. The most common causes are drugs, pituitary adenomas, sellar and suprasellar lesions, hypothyroidism, renal insufficiency, nipple stimulation, chest wall irritation or sucking.1 The incidence of galactorrhoea is reported to be between 20 to 25%.1,2 Post-herpetic neuralgia is defined as persistence of neuropathic pain over the affected dermatome even beyond 3 months from the initial episode. It manifests in a variety of ways; ranging from alldynia, constant pain, pricking pain or hyperalgesia.3

CASE REPORT
A 54-year-old female was referred with history of milky discharge from the left nipple for last 4 months. It was more on manipulation and remained confined to left nipple. She also gave a history of fluid-filled lesions appearing in a linear fashion on the left side of the chest about a year ago. The same had healed with scars. Though the lesions had healed she continued to experience persistent burning pain and sensation of warmth over that area. Patient did not give any history suggestive of intracranial space occupying lesion nor was on any medication. On examination, she had multidental milky discharge from the left breast on manipulation and hyperpigmented atrophic scars over the scapular region of T4 dermatome. Bilateral breast examination did not reveal any mass, asymmetry or retraction of nipples. Biochemical evaluation revealed no anomalies in her thyroid profile or serum prolactin levels. This patient was managed with analgesics and amitriptyline 10 mg at bedtime.

Financial or Other, Competing Interest: None.
Submission 05-11-2016, Peer Review 08-12-2016, Acceptance 15-12-2016, Published 27-12-2016.
Corresponding Author:
Sushruth G. Kamoji,
#204 Doctor’s Quarters,
Civil Hospital,
Belagavi.
E-mail: drsushruthk@yahoo.co.in
DISCUSSION
After having ruled out the common causes of galactorrhoea (Drugs, prolactinoma, thyroid disorder), the most plausible aetiology in this case seemed to be post-herpetic neuralgia causing persistent stimulation and hence leading to galactorrhoea. A thorough literature search showed only 3 such cases have been reported in the past. These reports suggest the duration between onset of galactorrhoea can vary from 2 to 6 months while in our case it was about 8 months. Unfortunately, not much light has been thrown on whether the galactorrhoea subsided by treating the post-herpetic neuralgia.

CONCLUSION
Galactorrhoea as a complication of Herpes zoster is a very rare complication. At the same time, Herpes zoster as a aetiology for galactorrhoea is also equally rare.

REFERENCES