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# LETTER TO THE EDITOR

Dear Editor:

*In response to the case reported by Drs. Chan and Kapoor in your June 2003 issue (Can J Urol 2003;10(3):1912-1913, we would like to report a similar case observed by us caused by herpes zoster infection. Although herpes zoster is a frequent condition in the elderly and immunocompromised, it rarely presents with urinary retention.*

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## *Herpes zoster infection: a rare cause of urinary retention*

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### Case report

We describe a 56-year-old African-American woman who presented with 4 weeks of sharp and constant left flank pain, difficulty passing urine and a rash typical of herpes zoster. She also had a mildly elevated blood urea nitrogen and creatinine. She had been started on Valacyclovir as an outpatient. Kidney-ultrasound and CT-Scan showed no kidney stones or hydronephrosis and normal-sized kidneys. The bladder was distended. After insertion of a foley catheter, gabapentin and amitriptyline were started, the patient's urinary retention subsided within 4 days and she was discharged with good control of the left flank pain.

### Discussion

The motor and sensory innervation to the bladder is primarily provided by parasympathetic fibers of the sacral nerve roots 2-4. The most frequent cause of neurogenic bladder secondary to herpes zoster is the interruption of the detrusor reflex due to involvement of the sacral dorsal root ganglia.<sup>1-3</sup>

Our patient presented with the rare manifestation of urinary retention secondary to herpes zoster, previously described in less than 150 cases in the literature.<sup>4</sup> The first case was documented in 1890.<sup>5</sup> We would like to alert the clinician to this uncommon complication of a common disease. Treatment consists of antiviral medication and symptomatic relief with analgesics, tricyclic antidepressants, gabapentin, and

bladder catheterization in acute cases, but other more common causes of urinary retention need to be considered. Complete recovery of bladder function can be expected after 1 to 6 weeks of treatment.<sup>4</sup> □

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### References

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### Reply:

*The authors describe a case of urinary retention attributed to herpes zoster. This case history illustrates this point, however further details would have been useful to cement the diagnosis. Urinalysis and culture should be done to rule out infection. Urodynamics and/or cystoscopy would be useful, especially in the female presenting with urinary retention to rule out other unlikely causes such as tumor or stone. This does not diminish the key point that it is important the clinician consider herpes zoster in the differential diagnosis of the patient that presents with urinary retention.*