Journal Pre-proof

[[Translated article]]Postherpetic Pseudohernia: A Case Report

P. López Sanz A. García Vázquez ME. Alfaro Martínez



Please cite this article as: López Sanz P, García Vázquez A, Alfaro Martínez M, [[Translated article]]Postherpetic Pseudohernia: A Case Report, *Actas dermosifiliograficas* (2025), doi: https://doi.org/10.1016/j.ad.2025.07.013

This is a PDF file of an article that has undergone enhancements after acceptance, such as the addition of a cover page and metadata, and formatting for readability, but it is not yet the definitive version of record. This version will undergo additional copyediting, typesetting and review before it is published in its final form, but we are providing this version to give early visibility of the article. Please note that, during the production process, errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

© 2025 AEDV. Published by Elsevier España, S.L.U.



Refers to AD_4371

Imágenes en Dermatología

Pseudohernia postherpética

[[Translated article]]Postherpetic Pseudohernia: A Case Report

P. López Sanz¹.

A. García Vázquez¹.

- M. E. Alfaro Martínez¹.
 - 1. Servicio de Dermatología, Hospital General Universitario de Albacete. Albacete, España
 - 1. Department of Dermatology. Hospital General Universitario de Albacete., Spain.

Autor de correspondencia: Pablo López Sanz. E-mail: lopezsanzpablo@gmail.com

A 75-year-old man with hypertension and type 2 diabetes mellitus presented with a > 3week history bulge in his right flank. One week prior, he had an episode of herpes zoster in the same area. Physical examination revealed a bulge in the right abdominal flank, more pronounced when standing (Fig. 1A), and grouped erythematous macules with an atrophic appearance following the ipsilateral T11 and T12 dermatomes (Fig. 1B). No abdominal masses or organomegaly were detected on palpation. Normal blood tests and an abdominal computed tomography scan confirmed the diagnosis of postherpetic pseudohernia (PPH).

PPH is an uncommon complication of herpes zoster that presents as an abdominal bulge without structural alterations, masses, or fluid collection in the affected area. It occurs in 0.17% of cases and typically appears between weeks 2 and 8 after an episode of thoracolumbar herpes zoster, with a mean onset of 3.5 weeks. Diagnosis is suspected based on typical clinical presentation and confirmed by ruling out the presence of structural alterations, masses, or fluid collections. Complete spontaneous resolution occurs in most cases within the first year, with a mean time of 4.9 months.

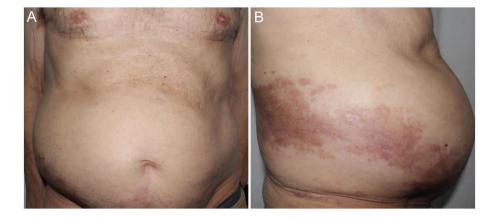


Figure 1.

Sonution