

# Teaching NeuroImages: MRI findings in varicella zoster brachial plexus neuritis

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**Figure 1** C5 dermatomal rash and atrophy of the infraspinatus (A) and supraspinatus (B) muscles



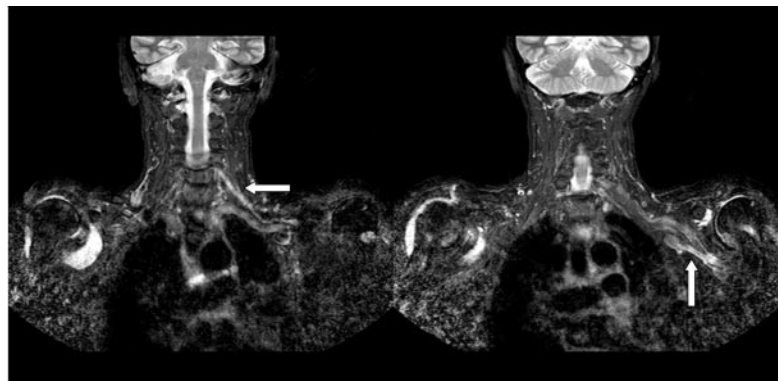
An 88-year-old woman with herpes zoster of the fifth cervical dermatome of the left arm (figure 1) developed left arm paresis. She had weakness of the deltoid, supraspinatus, and infraspinatus muscles (Medical Research Council [MRC] scale 2/5) and of the biceps, wrist extensors and flexors, and finger flexors (MRC scale 4/5). The biceps tendon reflex was absent, and the triceps tendon reflex was decreased.

Results for serum varicella zoster virus immunoglobulin M and immunoglobulin G were positive. EMG findings were consistent with left brachial plexopathy. MRI showed hyperintensity of the left brachial plexus (figure 2), consistent with herpes zoster plexopathy.<sup>1</sup>

## REFERENCE

1. Ismail A, Rao DG, Sharrack B. Pure motor herpes zoster induced brachial plexopathy. *J Neurol* 2009;256:1343–1345.

**Figure 2** MRI of the chest showing the enhanced signal intensity of the left brachial plexus (arrows)



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