

Shingles Nerve Pathways Map

SHINGLES NERVE PATHWAYS MAP

Herpes Zoster, commonly known as shingles, arises from Varicella-Zoster virus reactivation, affecting the peripheral nervous system. Predominantly occurring in individuals over 50, the virus targets sensory neurons, leading to characteristic skin symptoms in specific dermatomes. Antiviral medications and pain relievers form the primary treatment, with vaccination as a preventive measure. Shingles typically resolve in three to five weeks, but postherpetic neuralgia may prolong pain for years.

The dermatome of the associated infected dorsal root usually presents with discoloration, pain, rash, and a line of blisters.

Thoracic and lumbar dermatomes are the most commonly affected.

Below is a dermatome nerve pathway map for reference and a table of related landmarks:

Head and neck regions: C2 - Occipital protuberance, C3 - Supraclavicular fossa, C4 - Shoulders

Upper limb: C5 - Lateral aspect of arm, C6 - Thumb, C7 - Middle finger, C8 - Little finger, T1 - Medial aspect of the arm, T2 - Axilla

Thorax and abdomen: T3 - Between the level of the nipple and axilla, T4 - Nipple, T5-T9 - Distributed evenly between the nipple and the umbilicus, T10 - Umbilicus, T11-T12 - Distributed evenly between the umbilicus and the inguinal region (groin)

Lower limbs and genitalia: L1 - Inguinal region (groin), L2 - Hip, L3 - Knee, L4 - Ankle, L5 - Big toe, S1 - Little toe, S2 - Popliteal fossa, external genitalia anteriorly, S3 - Buttocks, external genitalia anteriorly, S4-S5 - Anal region