

Visual Vignette

Submitted by

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Case Presentation: A 60-year-old postmenopausal woman presented with a history of milky discharge from her right breast and pain in the right side of her chest for the previous 6 months. She had no history of headache, vomiting, or decreased vision as well as no history of use of any medication, except for analgesics for her pain. There was no pre-morbid illness. Findings on physical examination were unremarkable, except for postinflammatory hyperpigmentation on the right side of her chest wall and over the right scapula. Breast examination showed no asymmetry, dimpling, or masses but did reveal a milky discharge. Results of the laboratory tests were as follows (reference ranges shown parenthetically): prolactin, 6.90 ng/mL (1.9 to 25); thyroid-stimulating hormone, 1.45 mIU/L (0.3 to 4.5); and free thyroxine concentration, 1.04 ng/dL (0.8 to 2.0). **What is the diagnosis?**



Fig. 1

Answer: Postherpetic neuralgia and galactorrhea. This patient had a history of herpes zoster in the T4 dermatome on the right side 6 months before the current consultation. Subsequently, the patient had galactorrhea. Hyperpigmentation (shown in Figure 1) over the right side of her chest was a sequela of the healed zoster. Activation of the afferent lactational neural arc from the chest wall lesion resulted in galactorrhea. This rare cause of galactorrhea has been documented in the literature (1-3). Our patient was given carbamazepine for management of her neuralgic pain.

REFERENCES

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