



Figure 1. (a) Erythematous vesicular eruptions and crusting were noticed on the right parietal scalp, (b) multinuclear giant cells on tzanck smear, and (c) the resolved lesions 2 weeks after the treatment.

Conclusion

Clinical history and physical examination should not be neglected in headache patients, and it should be kept in mind that they can provide much of the information needed for the diagnosis.

What is new?

In this case report of herpes zoster of the scalp, we emphasize the importance of physical examination in patients presenting with common disorders, such as an headache. If the prior physical examination of the patient in this case was not performed in a perfunctory and superficial manner, she would not have to undergo unnecessary diagnostic testing.

Funding

None.

Conflict of interests

The authors declare that there is no conflict of interests regarding the publication of this case report.

Consent for publication

Written informed consent was taken from the patient.

Ethical approval

Ethical approval is not required at our institution for publishing an anonymous case report.

Author details

Bedia Samanci¹, Yavuz Samanci²

1. Neurology Clinic, Malkara State Hospital, Tekirdag, Turkey

2. Neurosurgery Clinic, Tekirdag State Hospital, Tekirdag, Turkey

References

- Campbell EW JR, Lynn CK. The physical examination. In: Walker HK, Hall WD, Hurst JW, editors. Clinical methods: the history, physical, and laboratory examinations. 3rd ed. Boston, MA: Butterworths; 1990. Chapter 4.
- Ravishankar K. The art of history-taking in a headache patient. *Ann Indian Acad Neurol.* 2012;15 (Suppl 1):S7–14. <https://doi.org/10.4103/0972-2327.99989>
- Heritage J, Robinson JD, Elliott MN, Beckett M, Wilkes M. Reducing patients' unmet concerns in primary care: the difference one word can make. *J Gen Intern Med.* 2007;22(10):1429–33. <https://doi.org/10.1007/s11606-007-0279-0>
- Hampton JR, Harrison MJ, Mitchell JR, Prichard JS, Seymour C. Relative contributions of history-taking, physical examination, and laboratory investigation to diagnosis and management of medical outpatients. *Br Med J.* 1975;2(5969):486–9. <https://doi.org/10.1136/bmj.2.5969.486>
- Peterson MC, Holbrook JH, Von Hales D, Smith NL, Staker LV. Contributions of the history, physical examination, and laboratory investigation in making medical diagnoses. *West J Med.* 1992;156(2):163–5. <https://doi.org/10.1097/00006254-199210000-00013>
- McDonald LL, Smith ML. Diagnostic dilemmas in pediatric/adolescent dermatology: scaly scalp. *J Pediatric Health Care.* 1998;12(2):80–4. [https://doi.org/10.1016/S0891-5245\(98\)90226-7](https://doi.org/10.1016/S0891-5245(98)90226-7)

Summary of the case

1	Patient (gender, age)	Female, 66-year-old
2	Final diagnosis	Herpes zoster of the scalp
3	Symptoms	Aching, stinging, and throbbing in the right parietal area
4	Medications	Acyclovir and gabapentin
5	Clinical procedure	The lesions resolved completely 2 weeks later
6	Specialty	Neurology