

with immunocompromised status such as old age, steroid usage, and patients with HIV infection. Herpes zoster infection in the sacral area has also resulted in bowel or anal sphincter dysfunction and patients have experienced constipation [2].


The urodynamic findings of our case are unusual. According to a review by Yamanishi et al [3], patients with sacral herpes and urinary retention have detrusor areflexia. To the contrary, our case presented with a poor compliant urinary bladder and closed bladder neck. In three of 17 cases presented by Ray and Wise [4], inflammatory changes of the bladder mucosa were identified. It is speculated that herpes zoster might result in bilateral pelvic nerve involvement, which manifested as severe bladder (suprapubic) pain and increased bladder sensation on urodynamic studies.

In general, the prognosis for patients with acute urinary retention secondary to herpes zoster of sacral herpes infection is usually benign. The detrusor contractility might recover after appropriate management as catheterization within 4 to 8 weeks, either urethral or suprapubic if

urinary retention develops. A complete course of parenteral and oral acyclovir is indicated and follow up urodynamic studies will confirm the recovery of detrusor activity. Physicians should more alert about this uncommon cause of acute urinary retention, which may be seen in our clinical practice.

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花蓮慈濟醫學中心泌尿科團隊在 1988 年起，由當時任職台大醫院泌尿科郭漢崇醫師擔任主任，近二十年來陸續邀集國內泌尿科具專長之醫師，共同打造一個兼診斷、治療與研究能力的泌尿科團隊。《泌尿學》便是由花蓮慈濟醫學中心泌尿科團隊，全體通力合作所完成的醫療鉅著。相信不只對於泌尿科醫師、醫學生，甚至對於護理人員，都深具參考價值。

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