

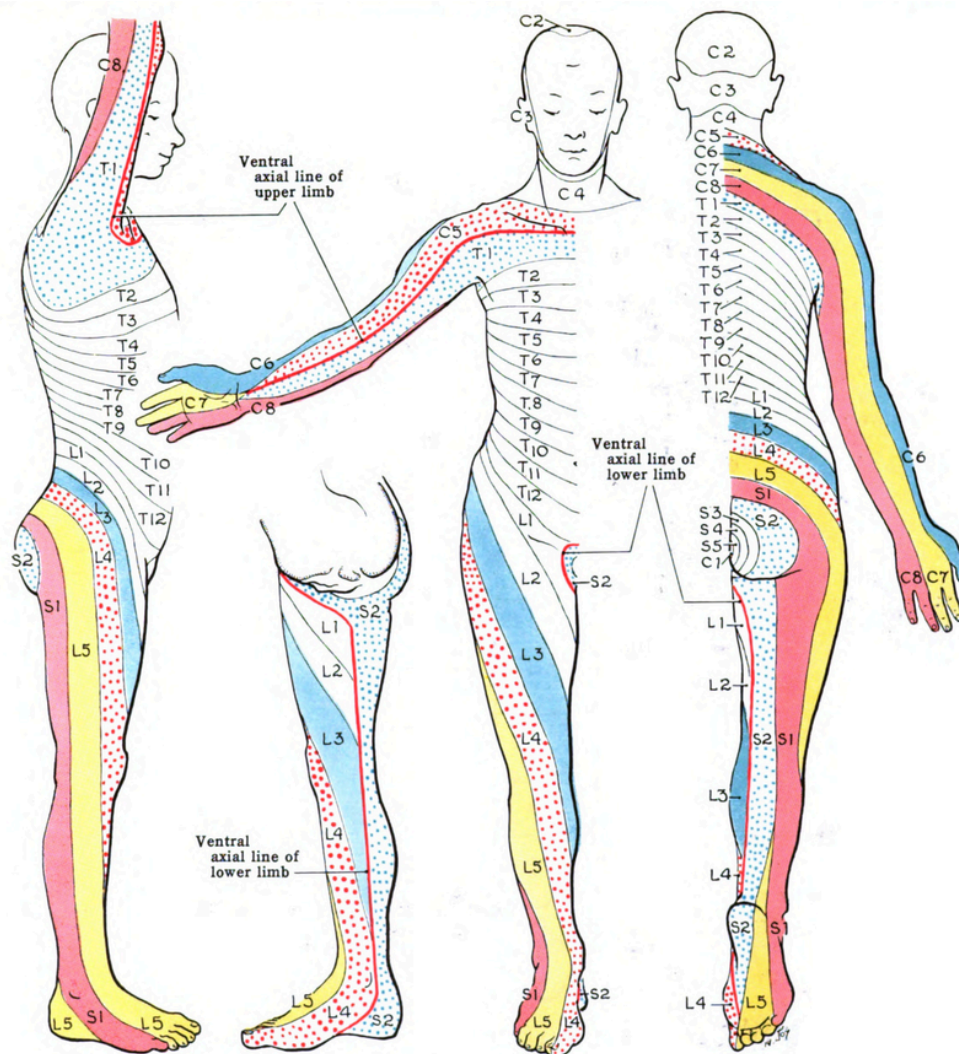
# Shingles Nerve Pathway Map

*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 post-herpetic 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:



<b>Head and neck regions</b>	
C2	Occipital protuberance
C3	Supraclavicular fossa
C4	Shoulders
<b>Upper limb</b>	
C5	Lateral aspect of arm
C6	Thumb
C7	Middle finger
C8	Little finger
T1	Medial aspect of the arm
T2	Axilla
<b>Thorax and abdomen</b>	
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)
<b>Lower limbs and genitalia</b>	
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