

Herpes zoster (HZ), also known as Shingles, results from the reactivation of the latent varicella-zoster virus (VZV) within sensory ganglia, typically presenting as a unilateral, painful vesicular rash in a dermatomal distribution. Reactivation risk factors include immunosuppression, increasing age, recent illness, malignancy, trauma such as sunburn or surgery, and psychological stressors. Incidence increases with age, with an incidence of 1.2 to 3.4 per 1000 persons per year among younger, healthy individuals and 3.9 to 11.8 per 1000 persons per year in those over the age of 65. While most cases of HZ involve the thoracic, cervical, and trigeminal dermatomes, nasopalatine zoster is a rare and often underrecognized manifestation affecting the maxillary division of the trigeminal nerve (V2). Trigeminal involvement occurs in up to 20% of cases, and atypical presentations such as isolated neuropathic pain without vesicular eruption may delay diagnosis. We present a unique case of herpes zoster affecting the maxillary division of the trigeminal nerve (V2), particularly in the distribution of the nasopalatine nerve.