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### **WHAT IS HERPES ZOSTER OR**

**SHINGLES?** Herpes zoster is an acute, localized infection with varicella-zoster virus, which causes a painful, blistering rash. You can only have shingles if you previously have had chickenpox. The lifetime incidence is 10-20%. Patients over fifty-five years of age account for 30% of the cases. The incidence doubles with each decade after fifty. Race may influence susceptibility to herpes zoster. African Americans are one-fourth as likely as whites to develop this condition.

**CAUSE.** It is caused by the same virus that causes chickenpox, the Varicella-zoster virus. After a bout of chickenpox, the virus becomes dormant in the body, along the nerves that emerge from the spine. The cause of re-activation is unknown. It seems to be linked to immune system impairment, aging, and stress. About 20% of patients with shingles develop a dreaded complication of the disease called post-herpetic neuralgia. This is a very painful condition that remains sometimes for life after an episode of shingles. It is extremely difficult to treat. This complication is more likely to appear in older patients.

**WHAT YOU FEEL & WHAT THE DOCTOR LOOKS FOR.** Shingles starts with itching, numbness, tingling or severe pain over the distribution of nerves of the affected area. This may appear several weeks before the actual herpetic rash, and may lead to a mistaken diagnosis. Flu-like symptoms, like general malaise, fever, chills, headaches and lymph node enlargement may be present. As it continues the typical rash starts to appear over the trajectory of the nerves of the area affected. The chest wall and back are common areas affected. It may also involve the face and, at times, the eye or ear. The rash of shingles begins as red patches that soon develop blisters. The blisters may remain small or they can grow larger. These blisters become hemorrhagic and eventually crust over. They heal in two to four weeks and may leave scars. If the eye was affected, scarring may lead to blindness. Shingles is usually extremely painful, to the point that articles of clothing or sheets touching the skin, or even just wind blowing may cause extreme pain. The pain is usually described as throbbing or burning. Many patients cannot sleep because of the pain. Complications include secondary bacterial infection, blindness, facial nerve weakness, deafness, encephalitis, etc.



**TESTING:** Usually there is no need for any testing and only a history and physical will be needed to make the diagnosis. Direct immunofluorescence assay can be used, and can distinguish Varicella-Zoster from herpes simplex.

**TREATMENT:** Treatment goals include reducing pain, expediting healing and reducing complications such as post herpetic neuralgia. **Self-care at home.** Avoid scratching and keep the area clean to avoid superimposed bacterial infections of the blisters. The use of moist, cool compresses may help ease the discomfort. Small amounts of calamine lotion may be applied after using the moist compresses. Soaking crusted sores with Burow's solution (5% aluminum sub-acetate) will help relieve the itching and stinging of irritated skin. **Medical therapy.** Anti-viral medications, such as Valtrex, prevent the virus from multiplying, shorten the period of the rash, decrease pain during the active period, and reduce the possibility of complications, such as postherpetic neuralgia, developing. They are especially beneficial when used within 72 hours of developing shingles. Medications used for nerve damage pain like Neurontin or Lyrica are helpful. When the skin heals, Lidoderm patches may help relieve residual pain. Non-steroidal antiinflammatories, such as ibuprofen or others are also used. Antidepressants, such as amitriptyline, may help control the pain. Narcotic medications are commonly used for pain, but never as the only agent. When pain cannot be reduced with these methods, nerve blocks, such as epidural steroid injections and sympathetic nerve blockade with local anesthetics and steroids, have been used to help reduce pain. **Preventive measures.** The FDA recently (2006) approved a vaccine (Zostavax) for use on patients sixty and older who have had chickenpox.