

Herpes Zoster (*shingles*)

is an acute infectious disease, characterized by rash in the form of vesicles grouped closely and neuralgias in certain skin areas innervated by separate sensitive nerve.

Etiology

- Herpes zoster (shingles) and chickenpox were proved to be caused by the same virus - varicella-herpes zoster virus.

❑ The patients with Herpes zoster may be a source of infection of varicella.

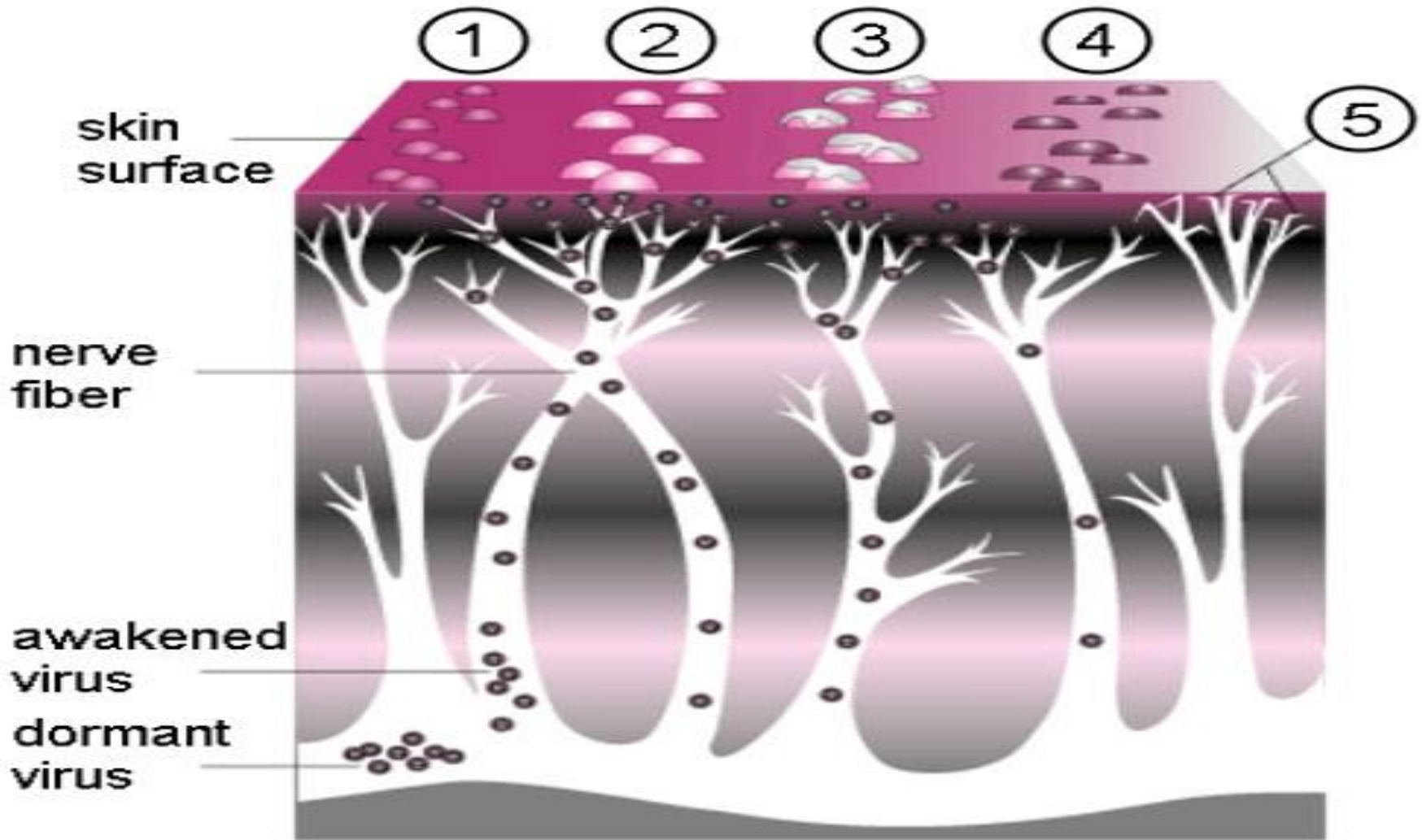
❑ They should be isolated.

Pathogenesis

- ❑ Herpes Zoster affects the person, who **had been ill with varicella.**
- ❑ After recovery, VZV remains in sensitive ganglia of posterior roots of spinal cord and nerves.

Shingles is caused by the reactivation of the same virus that causes chickenpox. This illustration shows how the virus causes a rash and how the rash evolves.

Reactivation of the Virus. After someone gets chickenpox the virus travels back into the body and waits, or it is dormant.



Clinical manifestations

- Acute onset with low-grade fever
- **Severe pain** along the nerves, connected with the affected ganglion
- Appear one **groups of vesicles**, containing clear fluid (at the end of the first day)
- In the end of first week vesicles dry up and crusts appear
- The process is **unilateral**
- Affected most frequently **trigeminal** or **intercostal nerves**
- Regional lymph nodes are enlarged
- Pain syndrome may remain for several months

Clinical forms

According to the location of skin lesions:

- ✓ *Thoracic herpes zoster* – the most frequently encountered location (intercostal nerves)
- ✓ *Herpes zoster ophthalmicus* - ophthalmic branch of trigeminal nerve (Vth cranial nerve)
- ✓ *Other localities*: cervical, brachial, sciatic, etc
- ✓ *Ramsay Hunt syndrom* – affects the geniculate ganglion, VII bis cranial nerve, consist of facial palsy and vesicles of the external ear and loss of taste in the anterior two thirds of the tongue.
- ✓ *Disseminated herpes zoster with visceral involvment* is rare in immunocompetent patients.

According to the type of exanthema:

- Bullous herpes zoster
- Hemorrhagic herpes zoster
- Gangrenous herpes zoster
- Abortive herpes zoster

Complications

Neurologic: post-herpetic neuralgia (10-40%),
encephalitis, myelitis, hemiparesis, leukoencephalitis;

Ocular : acute retinal necrosis, keratitis (leading to
blindness), etc.;

Other : pneumonitis, pancreatitis, hepatitis;

Bacterial superinfection of skin lesions (Streptococcus,
Staphylococcus).

Treatments

- ❑ The skin lesions must be kept clean and dry to reduce the risk of bacterial superinfection
- ❑ Antiviral therapy (Acyclovir)
- ❑ Symptomatic therapy