

Shingles Case Study Competition

Mrs MP, a 29 year old patient, recently entered the rooms; "I'm in agony Doctor, it feels as though someone has taken a red-hot poker and stabbed it into my side. I can't even touch it or wear clothing over the area. Now I see that there is a rash developing".

The history was classical: a sudden onset of severe burning pain over the T12-L1 dermatomes. The characteristic red rash with central bandlike clusters of vesicles arranged in radicular lines was just beginning. The area around the rash was hyperesthetic and painful.

Previously, a diagnosis of herpes zoster (shingles) meant that the patient had anything from 3 weeks to a few months of severe pain and discomfort. Symptomatic relief was of little help and only once all the scales had dried and fallen off was the disease treated. In \pm 5% of cases, the skin lesions should remain localised and severe generalised shingles would develop. Thereafter, hypo- or hyperesthesia would remain for a long time.

Fortunately today, the disease can be effectively treated. A dose of Zovirax (Acyclovir) 800mg, 5x/day for 7 days, not only arrests further disease progression, but is highly effective in causing those lesions already present to regress.

Mrs MP was initially shocked to hear the price of the Zovirax, but once the benefits of therapy were explained to her, she was happy to take the medication.

The rash presented on 11/06/93 and treatment with Zovirax commenced that day.

As can be seen from the photographs, the lesions responded rapidly to the administration of oral Zovirax. The patient had relief of the symptoms within 24 hours and the painful burning had completely disappeared by the 3rd day of treatment. The course was very well tolerated and the patient had no side effects.

The points to learn from this case are:

1. Rapid diagnosis and treatment with Zovirax within 24 hours;
2. Despite its cost, Zovirax long term is far cheaper as it limits the extent and complications of the disease;
3. Both the development of new lesions and the regression of the old lesions is affected by the administration of Zovirax.

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Rash on presentation



After initial Zovirax dose. Vesicles already fading