

SHINGLES CASE STUDY

This case study covers three patients who have consulted my practice in the past four months; two presented long after the outbreak of Herpes Zoster, both with severe neuralgia, and one presented early in the acute phase and was successfully treated with Zovirax.

1. Mrs M G, 74 years old, presented to her GP with shingles in May 1991. She was otherwise a very healthy adult, and was treated with analgesics only during the acute phase. Her T3 T4 dermatomes were affected.

When her neuralgia manifested itself persistently, she was placed on carbamazepine to which she developed a severe allergy. She subsequently saw a neurologist who put her onto diphenylhydantoin and amitriptyline which did nothing more than sedate her. She consulted a homeopath several times to no avail and when she saw me for the first time in November 1992, she was taking more than six OTC* analgesics per day which was giving her only partial relief. Her main problems were waking over six times a night from the pain, as well as severe lancinating pain being stimulated in her axilla due to arm movement. Treatment with acupuncture and Transcutaneous Nerve Stimulation (TENS) evoked no improvement. She was severely depressed and was clearly desperate enough to clutch straws at any form of therapy which could offer her any hope of pain relief.

2. Mr A C, 71 years old, presented with shingles to his GP in June 1990. He had successfully completed a course of chemotherapy for Hodgekin's disease six months before and has been in remission ever since. His diagnosis was only made eight days after the onset of the rash in his T10 dermatome. He was hospitalised and given four doses of parenteral Zovirax as well as steroids.

He presented to me in March 1993, having consulted a neurologist, an acupuncturist and a reflexologist. A neurosurgeon had done a neurocotomy in the affected region which seemed to have aggravated the problem. He was on maximum doses of carbamazepine, normal amitriptyline and was still taking more than six OTC** analgesics per day. The pain had severely disrupted his life, inhibiting him from walking his dogs, waking him more than

4 times a night and creating a profound depression. He too was clutching at straws and had no relief from acupuncture and TENS.

3. Mr H C, 70 years old, presented to me on 13 January 1993, in the early stages of a herpes zoster eruption in the ophthalmic division of his Trigeminal Nerve. His eye was not yet affected and he was otherwise a healthy golfer on an ACE inhibitor, Allopurinol and Ranitidine. Within 48 hours from the onset of the eruption he was treated with Zovirax, 800 mg five times a day for a week. He was closely followed up daily for fear of eye involvement which fortunately did not occur. His analgesic requirements were minimal after 48 hours and after seven days of treatment the erythema and vesiculation were minimal. He was comfortably back on the golf course within two weeks. Unlike the first two cases, he had absolutely no scarring and now, three months later, he has only occasional twinges of pain at night, which require no analgesics.

My partners have had two cases similar to Mr H C in the past six months, and prompt treatment with the same regime of Zovirax has given equivalent results.

Discussion:

The first two cases remind us of how debilitating the pain of post herpes zoster neuralgia can be, as well as the paucity of therapeutic options available to us. Both patients had seriously tried alternative forms of therapy indicating this as well as their desperation. It is unfortunate that Mr A C's diagnosis was made so late since he might have had at least some relief from his Zovirax injections were they given within the first 72 hours.

Up until recently the treatment of the acute phase of shingles has offered little in the way of improving the outlook of post shingles neuralgia. Now the use of Zovirax in the acute phase has in our limited experience offered an excellent short term benefit as well as an even greater long term benefit to those of our patients who were treated promptly with it.

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