

SHINGLES CASE STUDY

Unpalatable Disease

An eighty two year old male patient experienced extremely severe pain in the right maxilla for four days keeping him awake at night, after which an ulcer developed on the right upper gingiva, present for three days before consultation. Treatment with antifungals by a dentist brought no relief and he was subsequently referred for further management. Apart from mild Parkinsonism for which he received Sinemet and Serepax, no other systemic disease was present and no other drugs were being taken on a regular basis. No other symptoms were present.

On examination multiple, small, herpetiform ulcers were present on the gingiva on both the buccal and glossal surfaces and hard palate on the right showing a sharp demarcation line in the middle of the palate. A single larger ulcer was present on the gingiva appearing as if it had been formed through confluence of multiple small lesions. No skin lesions were present and no lymph nodes could be palpated. A slightly enlarged, downward displaced, firm hepar could be palpated. A Tzanck smear (Giemsa staining of an air dried smear made from the base of one of the ulcers in his mouth) showed a large number of multifaceted, multinucleated giant cells typical of Herpes virus infection. As no clinical suggestions of immunodeficiency were present no special investigations were done in this regard.

A diagnosis of Herpes zoster of the palate in the area innervated by the greater palatine branch of the maxillary nerve was made and Zovirax 800 mg five times a day for seven days was prescribed. The response to treatment was dramatic. Within three days pain had disappeared totally and at a follow-up visit ten days after treatment was initiated, the palate and gingiva were completely normal without any residual signs of previous

ulceration. Side-effects did not occur. No post-herpes neuralgia was present and two months later no pain had recurred.

This response to treatment represented a marked reduction in the usual duration of an attack of Herpes zoster where new vesicles usually continue to form for a seven to fourteen day period and severe pain normally continues as long as new vesicles are formed and very often continues for prolonged periods of up to six months or more. The patient was tremendously impressed with the rapid disappearance of symptoms and complete resolution of the ulceration and believed that the large price tag of this medication was completely worthwhile.

I personally feel that the total abolishment of severe pain was the most significant effect of therapy, especially if one takes into account the high incidence of severe protracted post-herpetic neuralgia often found in this age group. After evaluating the effect of Zovirax in this case of Herpes zoster of the palate, the overall impression was that this represented a very effective and safe treatment for a very problematic disease.

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