

SHINGLES CASE STUDY

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Our neighbour stopped me as I was driving past on Saturday morning, to confirm that her son had chicken pox. The diagnosis was obvious without even taking my seatbelt off. There was an epidemic in town anyway. The usual advice and reassurance followed hastily, and I was on my way. The following day I was called to see this seven year old who was in severe pain. He had a high fever and was very tender in the right axilla, and hyperaesthetic on the right side of his chest. Otherwise all systems were clear. I prescribed Stopayne, and reassured that he would get well soon. The neuralgia developing seemed very suggestive of that caused by the Varicella virus, pustules of which he only had in moderate quantities.

The next evening – Monday – a distraught neighbour summoned me again. The child was very ill, febrile, with definite signs of meningism. One was unable to touch the right side of his chest or his right arm, without causing severe pain. I admitted him at once, put up a drip, and after a dose of morphine and diazepam, did a lumbar puncture. This revealed 5 neutrophils and 6 lymphocytes, which warranted starting Claforan, and Chloramphenicol therapy. Paracetamol was given for the fever and morphine IV for the pain, as needed. By this time an erythematous area had developed over the anterolateral aspect of the right side of the chest, where the skin sensitivity was particularly acute. It was by no means a classical shingles rash, but the neuralgia extended from the shoulder to the eighth rib. In fact, the whole body was rather hyperaesthetic.

We have a visiting paediatrician on Tuesdays, and I asked him to see the boy. He concurred with my diagnosis and treatment, and suggested adding Zovirax 150mg IVI 8 hourly, as well as Tegretol. Zovirax was only acquired the next day – and only in tablet form. I started 200mg 8 hourly. He remained very sick, and due to the intense pain would refuse to move, especially the right arm. I instituted 2 hourly turnings. Analgesia was Stopayne, as the morphine was stopped on Tuesday. I avoided aspirin and all NSAIDs due to the risk of Reye's

syndrome. He was delirious the whole time and extremely ill.

On Thursday he developed abdominal pain. Due to the general skin sensitivity it was difficult to differentiate this from an acute abdomen. I consulted the general surgeon, who ordered a fleet enema and suggested waiting. It seemed as if the virus was in every organ of the body. Even eating was painful. Tilidine was given before sending him for X-rays. When he returned from there he took a turn for the worse. His mother later confided that she then thought he was going to die.

On Thursday morning the Wellcome representatives came to see me, and I discussed the patient with regard to their product. Zovirax injectable was not available and the relatively low dose he was on bothered me. They agreed that five times a day was a more appropriate dosage regime and that they would ask their medical adviser to phone me the next day.

The paediatrician phoned, saying he had discussed the case with a neurologist. He had seen brachial plexus neuralgia as a complication of chicken pox, and suggested steroid therapy. I stopped the Tegretol, increased the Zovirax to 200mg 4 hourly and started Prednisone 5mg tds. I also increased his IV fluids as he was rather oliguric. The next day – Friday – the child had improved dramatically.

He still had abdominal pain, but was eating and drinking normally and had normal bowel sounds. Over the weekend he recovered rapidly and was discharged on Monday. His medication was continued orally for the completion of the courses. The erythema over the chest subsided, but he was still tender if hugged there, although clothing did not irritate. A week later he is slowly returning to a normal active seven year old lifestyle. His two siblings have just developed chicken pox.

A colleague corroborated the virulence of the current epidemic. Could we stave off such complications, or even shingles later in life, if we gave all chicken-pox patients Zovirax?