

SHINGLES CASE STUDY

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Mrs DH is a small slim 58 year old hypertensive, chronic asthmatic with severely restricted airways.

Her current daily medication is:

Becloforte 500 μ g bd (Beclomethasone)
Ventolin 400 μ g qid (Salbutamol)
Cardura 1mg daily (Doxazosin)

She presented with right lower chest pain of a few days duration. She was anxious about this as she had to undergo an operation for a neuropraxia in her left arm in 10 days time.

"It's funny though. I have the pain but my sputum is white and breathing no worse than usual, other than the pain. Is this the beginning of infection?" she asked.

Examination revealed her usual restricted lung function (PEF of 150). No adventitious sounds were heard. She had three small papules just below the medial to her right breast in the 5th intercostal space and one in the post axillary line also in T5 dermatome. She had only noticed the "rash" from that morning and had thought that it was from her bra. She described "a burning pins and needles like pain" in the affected dermatome and said touch and her clothing irritated her skin in this area. The pain had disturbed her sleep and seemed to be getting worse.

"I think you have shingles and not a chest infection Mrs H", I volunteered.

Thereafter followed a discussion about the pathogenesis of shingles. She asked if stress had anything to do with it as she said that she had had a number of upsets recently that had shaken her badly.

"In addition to this whole business of the arm I knocked a pedestrian over in the street the other day. I have also bought a new flat entailing a move and all the attendant hassle." (The problem of the arm was an intractable brachialgia for over two years. She was seen by two orthopaedic surgeons and a neurosurgeon and had extensive investigations. Finally, as a last desperate measure her nerve (post interosseous) was explored and found to be tethered in scar tissue from a previous nasty laceration. Neurolysis relieved the pain but the procedure resulted in neuropraxia which had not responded to physiotherapy.

On discussing the complications and treatment of shingles I mentioned that often our biggest problem was the post herpetic neuralgia. I mentioned that we'd recently had good success on another patient using Zovirax, but that it was an expensive treatment, although worth it if it saved the resultant morbidity.

"Will I be able to have my operation (planned for ten days hence)?"

"I don't think that is possible. I'll get our secretary to cancel it", I replied.

Off to the chemist she went to get the Zovirax Shingles pack 800mg 5 x daily for seven days.

This was news to the pharmacist as I got a message from my Sister saying that I'd got the dosage wrong and what I'd prescribed was going to cost the patient three times what I'd suggested it might cost.

A phone call to the pharmacist convinced her that this was the dosage we required. Perhaps her chagrin at not being abreast of new developments persuaded her to give the patient a 20% discount on the bill.

These developments made me consider my diagnosis. Although confident at the time, doubts then began to flood my mind. "Suppose this was just a flea bite — She does not have pets though — but she has moved into a new flat. If this is not Shingles and I have cancelled her op and caused her needless expense? All the "what ifs" did not make me feel comfortable. Should I phone? No, she was to see me in five days and I had asked her to let me know if there were any problems before then."

Four days later I received a phone call from Mrs H. The people at work were worried about her being infective and she was starting to experience quite a lot of pain.

"What are you doing at work and what about your painkillers?" I asked.

In the confusion over dosage and price she had not been given any analgesics and had felt okay so had not heeded my advice not to go to work.

"Would she come and see me please." (I really wanted to make sure that this really was shingles and not a pneumonia I had missed.)

Much to my relief there was no doubt about the diagnosis when I saw her later that afternoon. Her pain was now fairly severe and she had not slept very well the last evening. She was advised to go home and take it easy. Medication in the form of Myprodol (panado, codeine & ibuprofen) 2 three times a day and amitriptyline 25mg nocte was prescribed.

Her lesions were raised papules but did not have the expected vesicles on them. Friday afternoon and no camera. Hence no picture.

The photographs were taken on Day 6 and on Day 10. Day one was the day she presented which was approximately 6 hours after noticing the "rash".

From day four when she was given the analgesia and amitriptyline in addition to the Zovirax she had experienced little pain and had slept well. Only on one day did she require three doses of analgesia and on all the rest she had used only two doses omitting the afternoon dose. She felt so well she returned to work as "two other ladies were off sick and some work just had to be completed. I feel so well now I'm sure I could have gone through with my operation. Is it still not possible, as I specially arranged time off for this?"

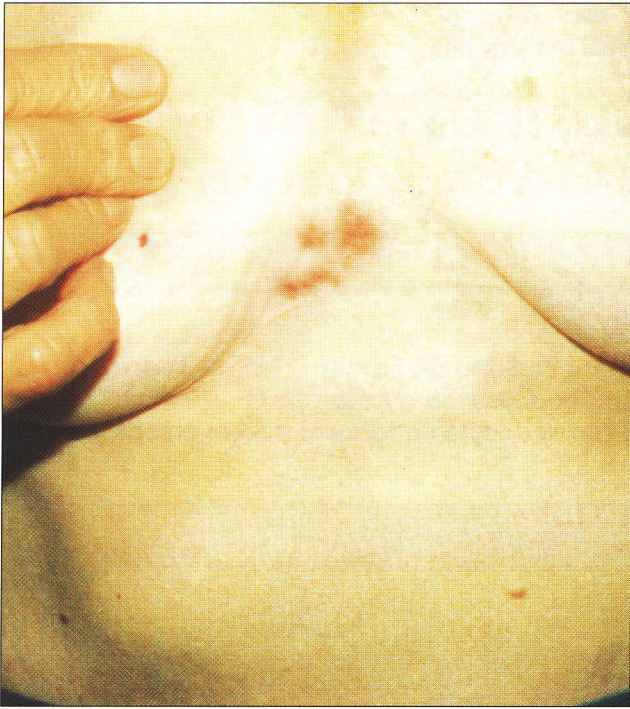
Fortunately I had forgotten to ask our secretary to cancel the operation so we were able to confirm that this was still on course.

"Do you think the treatment was worth the price you paid?" I questioned.

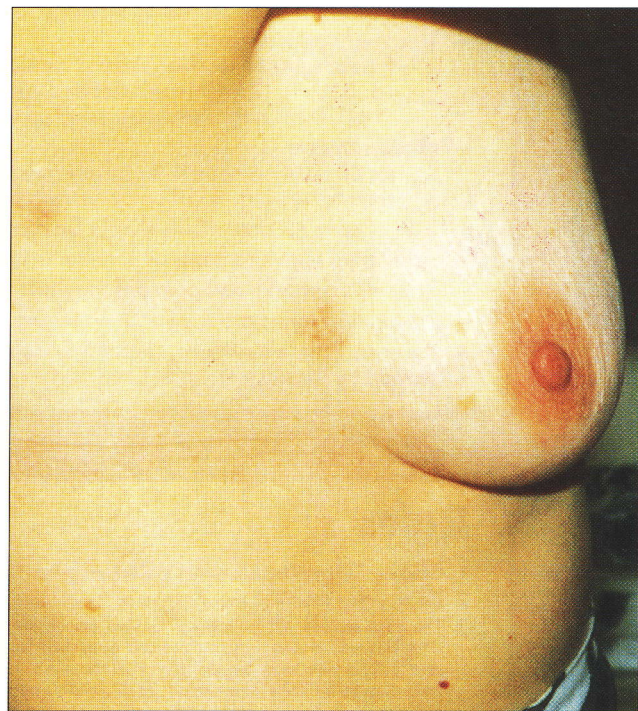
"Well, if it stops the pain you said I might get if I didn't take it, I am sure it is worth it. Although I have minimal pain now so I don't know whether it would have continued or not. However, if it is anything like the pain I started to experience on Friday, then it's definitely worth it, as anything would have been worth it to get rid of that pain. The severe pain only lasted about one and a half days in total.

"Yes, taking everything into account and especially if I can go ahead with my operation the treatment was worth it."

Mrs D H underwent her operation as planned and suffered no ill effects. She has not experienced any post herpetic neuralgia and we are now waiting to see if the surgery restores her hand and arm to full function once again.



Mrs D H — Shingles on day six.



Mrs D H after treatment with Zovirax Shingles Pack on day 10.

Shingles Case Study / Gordelroos Siekteverslag



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