

# Herpes zoster

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**Herpes zoster, a condition also known as herpes zona,** or colloquially as shingles, is caused by a viral infection giving rise to an eruption of blood vessels in the skin where there is a sensory nerve path, hence forming a line or ring. It is a fairly frequent illness, estimated to affect around two out of every thousand people a year. It occurs most commonly in those of middle age, and above all the elderly, peaking between the ages of 60 and 70.

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The infection is caused by a virus known as the varicella-zoster virus (VZV) or *Herpesvirus varicellae*. It is the same virus which causes the common childhood complaint, chickenpox, the subject of an earlier article in this magazine. While it is rare that one single virus should be responsible for two different illnesses, one typical of childhood and another generally occurring in old age, this is in truth a highly distinctive organism: it first of all causes chickenpox, and once that has cleared up generally remains in the body in a latent state, concealed in the tissue of the nervous system, far removed from the activity of the immune system. Those suffering from herpes zoster have not, then, recently contracted the virus, but are experiencing a reactivation of the virus which previously emerged many years earlier, although they may not remember it, not only because of the passage of time but because chickenpox on occasion takes a sub-clinical form and goes practically unnoticed.

It is also possible, of course, and in fact often occurs, that once an individual has overcome a childhood bout of chickenpox the virus will not return to cause any further condition. Nonetheless, in some cases after a long period of inactivity it is reactivated and invades the tissue where it has remained latent, around some sensory nerve, leading to inflammation. And via the affected nerve, which runs under the surface of the body, it reaches the skin and invades the cells of the epidermis. It thus affects both a sensory nerve itself and the skin along the path which the nerve follows.

The reason why the varicella-zoster virus suddenly becomes active once again and gives rise to a clinical condition has not yet been fully explained. In some cases it occurs in individuals who are not ill and do not appear to have any predisposition. This is not, however, the most common situation, as the condition typically occurs when an illness in general reduces the immune system's effectiveness, or in patients who for some specific reason are being treated with medication which suppresses immunity. It is for this reason particularly common in the elderly

who, for whatever reason, are in a weakened state. Ultimately, when the body's defences are low, the virus, which has remained latent for a long period, finds itself in a situation in which it can become active once again and affect the body's tissues.

The first sign of the illness comes in the form of a stinging or painful sensation, at times extremely intense, located in an area of the skin more or less defined as a band or ring corresponding to the path of a nerve, on just one side of the body. It is most commonly affects the torso, for example following the route of an intercostal nerve, never crossing the central line of the body, although it will at times emerge on the back or on an arm, and even on the face where, if it affects the region around the eye, it can have an impact on the patient's sight, although this is an extremely unusual complication. The band of skin affected is generally highly sensitive, and will be painful both spontaneously and to contact, however slight. In some cases this initial phase may also be accompanied by a high temperature, headaches and general discomfort.

After a few days there will be an eruption of a number of reddish papules grouped in a band or ring in the area where the pain is felt. After a few hours, or a day, the initial lesions become vesicles which, a few days later, turn into pustules, which will over the course of a week gradually dry out and form scabs. The scabs last for two or three weeks and finally heal over, sometimes leaving a slight scar.

Although this eruption can undoubtedly prove uncomfortable, the most significant impact of herpes zoster is the pain felt in the whole area affected, relating to the inflammation of the nerve where the virus becomes reactivated. It is a very severe pain which, as mentioned earlier, is intensified by the slightest contact, such as rubbing against a bedsheet, or any movement, even just a shift in position. Although in younger people the pain may be more mild, or even almost imperceptible, in adults, and particularly the elderly, it is usually very intense. The relatives of the sufferer will sometimes express surprise at their complaints, finding it difficult to understand how such apparently slight lesions could give rise to such considerable discomfort. The truth of the matter, though, is that there are cases where the pain becomes almost intolerable. What is more, it will on occasion persist even after the lesions on the skin have healed, a condition known as post-herpetic neuralgia, although it will normally subside within six months.

In terms of treatment, the first point to be made is that there is no effective means of curing the condition. Treatment thus focuses on alleviating the discomfort, since although there are a number of anti-viral drugs available

these days, they are only relatively effective and if they are administered from the initial phases of the disorder, the most that can be achieved is to alleviate or shorten its development. Their main use lies in sometimes reducing the residual discomfort experienced after the skin has healed over. Treatment will, however, as far as possible deal with the pain suffered, as many different procedures exist which can help to alleviate it. When the discomfort is particularly intense, everything possible is done to reduce its impact. Painkillers will first of all be administered, at an appropriate level. If the pain persists after the skin lesions have healed and does not subside with painkillers, corticoids may be prescribed in some cases, acting to reduce the inflammation of the nerve. Powerful sedative drugs may even, in some cases, be required in order to reduce the sense of discomfort. If this also proves insufficient, anaesthesia may be applied to the affected nerves, or in truly exceptional cases, they may be cut by means of a surgical procedure. The most important factor is in one way or another to attempt to relieve the pain which constitutes the main symptom of this illness.



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