

Original Research Article

A CASE REPORT ON HERPES ZOSTER

Abstract:

Herpes zoster is a viral infection, that can be seen as painful rash or blisters on the skin which is caused by Varicella zoster virus. The people who are at risk of getting shingles after having chickenpox are people with weakened immune system. People over 50 years of age, traumatic patients, people under stress. The virus stays in spinal nerve root at a part is called Dorsal root Ganglion. Symptoms include Itching, Tingling, Burning feeling, Raised rash, fluid filled Blisters, Mild to severe pain. In this case, we report a 65 years old male patient who is having the clinical presentations of Herpes zoster and the condition changed before and after the treatment. The treatment given to the patient was mainly aimed to control and decrease the clinical manifestations of Herpes Zoster found which include Anti viral Drugs.

Comment [DZ1]: --

Keywords: Herpes zoster, varicella zoster virus, Chickenpox, Anti viral drugs.

Introduction:

Herpes zoster which is a viral infection causes flare up of a painful rash or Blisters on the skin. Varicella zoster virus is the cause of Herpes zoster which is also the reason of chickenpox^[1]. Herpes zoster occurs when the immune system fight of the varicella zoster virus causing chickenpox during childhood and the virus remains in the body gets activated during old age or when the immunity gets distressed^[2]. If Herpes zoster occurs more than one time it doesn't affect the same organ at both the times. Symptoms include fever, chills, headache, sensitivity to light, stomach upset and few days after appearance symptoms itching, burning feeling ,tingling in on area of skin redness, raised rash, fluid filled blisters, mild to severe pain in the area of the skin affected^[3].

Comment [DZ2]: the virus, remaining after the VZV infection during childhood

Comment [DZ3]: both times

Comment [DZ4]: later, symptoms like

Comment [DZ5]:appear.

Comment [DZ6]: is

The virus retains and travels in specific nerves so that shingles often seen in a band on one side of the body. The shingles rash remains to a particular area and it doesn't spread all over the body. The common area is torso^[4]. The Shingles can be diagnosed in laboratory by testing the scraping or a swab of fluid from the blisters under microscope. Usually there is no cure for shingles but the symptoms managing treatment includes anti-viral medications like Acyclovir, Valcyclovir, Non steroidal anti inflammatory drugs such as Ibuprofen which can be effective in relieving mild pain^[5].

Case report:

A male patient of age 65 years was admitted in dermatology department with chief complaints of fever, multiple vesicular lesions with burning pain on adjacent to T2,T3 and T4 vertebrae and patient had a past medical history of Type 2 Diabetes mellitus and is on the treatment of Tablet. Metformin 500mg and multi nucleated giant cells were found in Tzank smear. Laboratory findings of chest X-Ray, USG of abdomen and pelvis were to be normal. Serological tests of HIV, Hepatitis B, C were observed to be negative. BY the External

Comment [DZ7]: 65 years old,

Comment [DZ8]: --

Comment [DZ9]: --

Comment [DZ10]: with

Comment [DZ11]: found

examination of these fluid filled blisters the patient was diagnosed to be with Herpes zoster infection. Oral acyclovir 400mg 3 times a day, Anti-Inflammatory drugs Aceclofenac 100mg 2 times a day were initially for 10days followed by 5 days and acyclovir ointment 5%w/w with in the original dermatome effected the original lesions were confirmed and they healed completely within 10 days by leaving minimal scares.

Comment [DZ12]: suffer from

Comment [DZ13]: prescribed

Comment [DZ14]: was applied at the dermatome affected

Comment [DZ15]: lesions

Discussion:

Herpes zoster results due to the reactivation of latent Varicella zoster virus (VZV) and older adults were most frequently affected people. Post herpetic neuralgia (PHN) is a prevalent sequel presenting as severe pain that persists after the resolution of rash. VZV is a highly contagious and occurs during childhood and leading to chickenpox or primary VZV infection. During this stage virus enters the endings of the sensory nerves in the skin and remains inactive dormant stages. In those sensory neurons later the viral reactivation occurs due to various factors such as age, use of chemotherapy and steroids, and several disease conditions including auto immune diseases, Human immunodeficiency virus, diabetes mellitus, COPD and asthma. In this case patient had a past medical history of diabetes mellitus this is the risk factor of the patient and also patient age is 65 years this is one of the risk factor of the patient. Figure .1 illustrates patient having the multiple vesicular lesions on T2, T3, T4 vertebrae. Fig.2 illustrates the condition 5 days after starting the treatment of anti viral medications and anti inflammatory medications the multiple vesicular lesions and the fluid filled blisters are decreased. Figure.3 defines the complete cure of Shingles leaving minimal scars after the treatment of 10 days followed by five days the patient skin was appeared normal. Finally patient had been discharged from the hospital.

Comment [DZ16]: are

Comment [DZ17]: --

Comment [DZ18]: , --

Comment [DZ19]: in

Comment [DZ20]: which in combination with the age of 65 years old consists the major risk factor for the patient.

Comment [DZ21]: --

Comment [DZ22]: showing that

Comment [DZ23]: where the patient's skin appears



Fig.1. Area affected by psoriasis before the treatment

UNDER P...



Fig.2:Area affected by Shingles five days after the treatment



Fig.3: Area affected by Shingles after the completion of duration of therapy

Conclusion:

This case report illustrate the Herpes zoster which was effectively cured by the treatment including Acyclovir 400mg 3times a day, Aceclofenac 100mg 2 times a day and Acyclovir ointment 5%w/w 5 times a day and the clinical features of multiple vesicular lesions and burning pain were treated and subsided.

Comment [DZ24]: illustrates a case of herpes zoster virus that was

COMPETING INTERESTS DISCLAIMER:

Authors have declared that no competing interests exist. The products used for this research are commonly and predominantly use products in our area of research and country. There is absolutely no conflict of interest between the authors and producers of the products because we do not intend to use these products as an avenue for any litigation but for the advancement of knowledge. Also, the research was not funded by the producing company rather it was funded by personal efforts of the authors.

References:

1. CDC. Prevention of herpes zoster: recommendations of the Advisory Committee on Immunization Practices (ACIP) Recommendations for use of Herpes Zoster Vaccines. *MMWR Recomm Rep*. 2018;
2. Thomas SL, Hall AJ. What does epidemiology tell us about risk factors for herpes zoster? *Lancet Infect Dis*. 2004; 4(1):26-33.
3. Tseng HF, Smith N, Harpaz R, Bialek SR, Sy LS, Jacobsen SJ. Herpes zoster vaccine in older adults and the risk of subsequent herpes zoster disease external icon. *JAMA*. 2011 Jan 12; 305(2):160-6.
4. Mahamud A, Marin M, Nickell SP, Shoemaker T, Zhang JX, Bialek SR. Herpes zoster-related deaths in the United States: validity of death certificates and mortality rates, 1979-2007external icon. *Clin Infect Dis*.2012 Oct;55 (7):960-6.
5. Leung J, Harpaz R, Molinari NA, Jumaan A, Zhou F. Herpes zoster incidence among insured persons in the United States, 1993-2006: evaluation of impact of varicella vaccination external icon. *Clinical Infectious Diseases*. 2011;52 (3):332-340.