

Shingles

Acute Herpes Zoster Flare-Up

Shingles is a condition that is often seen in older people and originally presents with severe debilitating pain. Within several days of onset of pain one typically sees the lesions appear on the skin and they occur in a very specific distribution, usually on one side of the body. These lesions can appear in the face, in the midback radiating under the arm and into the front of the chest and they can also appear in the back radiating down the leg. The rash follows the course of a nerve that comes out of the back and radiates into the body in one area of another.

Shingles are caused by a virus that stays in the body after an occurrence of chickenpox. The chickenpox virus tends to “hide out” in a nerve coming out of the spine where it remains for many years and can come out to show itself only during times when the person has a decrease in their ability to fight disease (a compromise in their immune system). This is in fact one of the more severe pain syndromes and anyone who has experienced Shingles knows this to be true.

The immediate treatment for this condition is to provide the person with pain medication such as Percocet or Vicodin and patients should be placed on an antiviral medication which hopefully will limit the period of the outbreak. Sometimes other medications are used in addition to these two which include spraying local anesthetic sprays on the skin such as those medications that are prescribed for sunburn and, on occasion, a Lidoderm patch will be prescribed which can also be helpful. There are now modern medications utilized for this condition in an effort to make the patient more comfortable. These are medications originally designed to treat seizures but have been recognized to be very valuable in the treatment of Shingles. They include medications such as Neurontin (gabapentin) and Lyrica in addition to many others, though not as successful.

It is, of course, of utmost importance this condition be brought under quick control since it can lead to a severe and debilitating chronic condition called postherpetic neuralgia.

It is not unusual for patients with a new onset of Herpes Zoster or Shingles to be referred to an interventional pain management doctor. Appropriate blocks for this condition include placing local anesthetic and steroid at or near the nerve that is involved. Sometimes this is performed as an intercostal block if the lesions begin in the upper back and radiate under the arm and into the chest. Another procedure that can be utilized is the epidural steroid injection, in an effort to obtain better control of the pain.

Usually if the patient is treated early and aggressively, this condition can be treated and resolved over a period of weeks.

It is also imperative to try to identify the reason the patient has experienced Shingles and the explanation of their compromised immune system. Stress, fatigue, poor nourishment and chronic illness certainly contribute to this condition, but the presence of cancer can also result in this condition. Therefore, the patient must be carefully examined properly with thoroughness.

