Pain relief in herpes zoster
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Summary
The severity of pain as a symptom of herpes zoster and post-herpetic neuralgia has seldom been emphasized in the literature. In this report on a series of 113 patients, a treatment which gives immediate relief of pain and prevents post-herpetic neuralgia is described.

Provided that the steroid solution could be placed accurately in the epidural space adjacent to the affected nerves, the method was 100% successful. Failure to provide relief of pain after the initial effect of the local anaesthetic had worn off was taken as an indication that the epidural injection had been misplaced, and it was repeated.


Herpes zoster can be regarded as a reactivation of the latent varicella zoster virus, mainly in sensory neurons but sometimes in motor ones as well. The pain can be so severe that many patients are driven to despair or even to suicide.

The annual incidence of herpes zoster in the Netherlands has been estimated at 3-4/1000; another estimate was slightly lower, namely 2-3/1000. The incidence and the severity of the disease increase with age.

Often therapy has been confined to local applications to the skin eruptions in the dermatomes involved. Various drugs have been used, and in 1964 Elliott described the effect of corticosteroid administration in preventing post-herpetic neuralgia as favourable. Eaglestein, however, later pointed out the danger of dissemination of the disease with this treatment. Galbraith, Barolin and van der Drift claimed that amantadine had a beneficial effect in herpes zoster, but its mode of action remains unclear. Raff and Fanta treated 44 herpes zoster patients with sodium pentosan polysulphate. For 3 days their patients were given 2 ampoules 12-hourly, administered in 100 ml doses intramuscularly. Within 2-5 days the vesicles had dried and it was repeated.

Of the 95 patients who received an epidural injection 89 were immediately and absolutely free of pain after one injection. In 3 patients pain relief was regarded as modest. Groth reported acyclovir, an antiviral agent which appears to be active against herpesviruses both in vitro and in animal experiments. This drug was administered intravenously for 5 days and appeared to reduce pain in all patients. There was no formation of fresh vesicles. One patient, however, developed post-herpetic neuralgia. The abovementioned drugs require several days of treatment and it should be noted that pain is only occasionally mentioned as an important symptom.

Klysnner and van Dam, Perkins and Hanlou and Sluijter claimed to have obtained pain relief with epidural injection into the diseased area of a long-acting corticosteroid mixed with a local anaesthetic. According to these authors pain disappears rapidly after the injection and post-herpetic neuralgia is prevented. No side-effects or cases of secondary bacterial infection were recorded, although herpes zoster is an active viral disease and therefore generally considered a relative contraindication to the use of corticosteroids. Since herpes zoster involves the spinal ganglion this mode of administration appears to be logical, the drugs being applied directly to the organ involved.

The present trial
In view of the promising results in the previous trials and the amount of pain and discomfort suffered by these patients, it was decided to conduct a trial on patients whose pain disturbed sleep and could not be controlled by conventional analgesics.

Patients and methods
As far as possible all patients were referred for treatment when in the acute stage, i.e. within 10 weeks from the time of diagnosis. The rash was located in the cervical area in 20 patients, in the lumbar area in 32 and in the trigeminal area in 18. Twenty patients were 10-49 years old, 25 were 50-65 years old and 68 older than 65 years; the youngest patient was 14 years old and the oldest 93. Seventy were female and 43 male.

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In 3 patients with cervical herpes zoster the treatment failed for various reasons. In 2 patients the ligamentum flavum appeared non-existent, so the administered drugs did not reach the affected nerve roots. In 1 patient it proved to be impossible to reach the epidural space at all, possibly because of ossification of the ligamentum flavum. These 3 failures may therefore be attributed to technical difficulties.

On follow-up 1, 6 and 12 months after treatment no patient had developed post-herpetic neuralgia. No motor impairment was observed. Two of the 3 patients in whom the epidural injection proved to be impossible developed severe post-herpetic neuralgia.

Apart from "flushing" for 3-4 days in 52 patients there were no complications of any kind.

The 93-year-old patient had had herpes zoster 30 years previously and severe post-herpetic neuralgia for about 5 years. She spoke with horror about this period in her life.

Discussion

Where the treatment was technically possible, it proved to be effective in all 110 patients (100%). Since the administration of epidural injections is part of the normal task of every anaesthetist this method of treatment should be well within his capabilities, and in view of the promising results of this trial it is felt that it merits further consideration. Obviously the treatment of trigeminal herpes zoster requires the use of adequate radiological equipment and will therefore be restricted to the larger centres.

Conclusion

Although the incidence of post-herpetic neuralgia does not seem to be high, it can turn living into sheer hell. If treatment begins in time (preferably in the eruptive stage) for patients suffering from severe pain (which is the indication for treatment), post-herpetic neuralgia can be prevented with certainty. However, the treatment can be fully effective even in the later stages.

REFERENCES