



# **A Case Report on Herpes Zoster**

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### **Authors' contributions**

*This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.*

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## **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, or people under stress. Symptoms include itching, tingling, burning feeling, raised rash, fluid filled blisters, and 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.

*Keywords: Herpes zoster; varicella zoster virus; chickenpox; anti viral drugs.*

## **1. 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 virus remaining after the VZV infection during childhood 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 both times. “Symptoms include fever, chills, headache, sensitivity to light, stomach upset and few days later symptoms like 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] appear”.

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The virus retains and travels in specific nerves so that shingles is 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].

## 2. CASE REPORT

A male patient o 65 year old was admitted in dermatology department with chief complaints of fever, multiple vesicular lesions with burning pain on adjacent to T2,T3 and T4 vertebrae, The patient has also 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 examination of these fluid filled blisters the patient was diagnosed to suffer from Herpes zoster infection. Oral acyclovir 400mg 3 times a day, Anti-Inflammatory drugs Aceclofenac 100mg 2 times a day were initially prescribed for 10days followed by 5 days and acyclovir ointment 5%w/w was applied at the dermatome affected and lesions healed completely within 10 days by leaving minimal scares.

## 3. DISCUSSION

Herpes zoster results due to the reactivation of latent Varicella zoster virus (VZV) and older adults are 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 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 in 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 which in combination with the age of 65 years old consists the major risk factor for the patient.

Fig. 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 showing that the multiple vesicular lesions and the fluid filled blisters are decreased. Fig.3 defines the complete cure of Shingles leaving minimal scars after the treatment of 10 days followed by five days the where the patient's skin appears normal. Finally patient had been discharged from the hospital.



**Fig. 1. Area affected by shingles before the treatment**



**Fig. 2. Area affected by shingles five days after treatment**



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

#### 4. CONCLUSION

This case report illustrates a case of herpes zoster virus that 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.

#### DISCLAIMER

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.

#### CONSENT

As per international standard or university standard, patients' written consent has been collected and preserved by the author(s).

#### ETHICAL APPROVAL

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

#### COMPETING INTERESTS

Authors have declared that no competing interests exist.

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