Herpes Zoster (Shingles)

Activation of the dormant varicella-zoster virus is responsible for an outbreak of herpes zoster (shingles). Assessment of a patient with shingles will reveal a vesicular, erythematous maculopapular rash that is unilateral and linear in distribution. Distribution of the shingles rash typically occurs along a single dermatome plane on the patient's trunk, face, and/or lower back/sacral area. Keep in mind, the vesicles are contagious. Postherpetic neuralgia may develop after an acute infection with herpes zoster (shingles). In an effort to prevent the development of postherpetic neuralgia, patients may be given antiviral medications such as acyclovir, famciclovir, or valacyclovir. If postherpetic neuralgia does occur, patients can be treated with gabapentin (Neurontin). Patients may also report pruritus, or itching, during the shingles outbreak. When extreme pruritus occurs after the infection has resolved, it is referred to as postherpetic itch. This condition can be treated with a topical anesthetic. Because the incidence of herpes zoster (shingles) is increased with older age, it is recommended that individuals aged 50 and older receive a killed recombinant vaccine sold under the name Shingrix.

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Cause/Mechanism

Varicella-Zoster Virus
Varsity Zorro Virus
Activation of the dormant varicella-zoster virus (VZV) is responsible for an outbreak of shingles. The incidence of herpes zoster (shingles) is increased with older age. It is important to remember that this condition is a disease of immunosuppression.

Assessment

Linear, Unilateral Rash Along a Dermatome
Linear, Unilateral Rash
Shingles presents as a unilateral rash that has a linear distribution. The rash is characterized as a vesicular, erythematous maculopapular rash. Linear distribution of the shingles rash typically occurs along a single dermatome plane on the patient’s trunk, face, and/or lower back/sacral area.

Pruritus
Prairie-dog
Patients may report pruritus, or itching, during the shingles outbreak. When extreme pruritus occurs after the infection has resolved, it is referred to as postherpetic itch. This condition can be treated with a topical anesthetic.

Postherpetic Neuralgia
Post-harp Nerve-algae
Postherpetic neuralgia is a chronic pain disorder that can develop after an acute infection with herpes zoster (shingles). Burning pain is commonly associated with this type of neuralgia. In an effort to prevent the development of postherpetic neuralgia, patients may be given antiviral medications.

Interventions

Acyclovir
Apple-cyclops
Antiviral medications, such as acyclovir, famciclovir, and valacyclovir, can be administered within 72 hours to prevent the development of postherpetic neuralgia.

Analgesics
A-nail-Jay-Z
Analgesics can be administered to decrease a patient's discomfort. Wet compresses may provide additional relief from pain and itching.

Gabapentin
GABA-Goose-Penguin
Patients who develop postherpetic neuralgia after a shingles outbreak may be treated with gabapentin (Neurontin). Although this medication is an anticonvulsant, it is effective in treating neuropathic pain associated with shingles.

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Considerations

Contagious Vesicles

Contagious Vests

The rash present during an outbreak of shingles is contagious. Individuals who have not had varicella (chickenpox) or who have not been vaccinated against the disease along with those who are immunosuppressed are at an increased risk of contracting the virus.

Shingrix

Shingle-X

The preferred method of zoster prevention is a killed recombinant vaccine sold under the name Shingrix. There is also a live vaccine available sold as Zostavax.

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