

Live Healthy and Be Well!

“A Shingles Primer”

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I once felt a sore place on my right side, like a bruise, then felt two or three more follow shortly. They were not random, but followed a curved line from my back around the right side toward the midline. A day or two later a rash erupted in these areas. Some of you may have had this in the past, and others may wonder about – Shingles! Shingles is the common name of *Herpes Zoster*, a condition that causes a painful rash. Even though it carries the name “Herpes” in its classification, it is not the same as *Herpes Simplex*, which is more of a sexually transmitted disease – they both happen to be part of the same larger sub-family of viruses – *Alphaherpesvirinae*.

As many of you know, Shingles is a late result of having “chicken pox” (Varicella Zoster) in childhood. Even though you recover from the pox, the virus never goes away, but lives in your nervous system in a dormant state. Years later, for various reasons such as stress or immune system compromise (weakened state, steroids, or medicines), this virus may become re-activated and its effects will be felt down the distribution of that nerve. This is why the rash is usually in a curvilinear pattern, often starts on the back and curves around to the side and front, and does not cross the midline. As it follows the distribution of a sensory nerve – it follows that it is painful. Even when the rash eventually clears up and goes away, the skin in that area may remain discolored for a while, and there may still be some intermittent pain present for several months – this is known as *post-herpetic neuralgia*. Usually, you will only have shingles once in your lifetime. Although there are exceptions to this rule, it is uncommon to have repeat or multiple occurrences (only about 1% chance).

If you get shingles, there is often a “prodrome” phase of headache, low grade fever, and malaise for a day or two. Next, you may begin to feel tenderness on the skin as if you have hit something or a bruise is about to form. Then, a rash will erupt that, at first, may be itchy like poison ivy or poison oak exposure. After another day or two, this same rash may darken in color, start to have small, fluid filled “blisters” or vesicles, and become painful. Any pressure or anything touching it hurts, and it may even spontaneously throb or have sharp, burning pains similar to someone sticking you with a hot ice pick.

Those of you that have had this condition will testify to all this, and those of you have not had it – I want you to recognize what it is right away so you can seek treatment! A person is considered to be “infectious” until the vesicles start to crust over, and you should avoid being around pregnant women, small children, and elders.

You may get Shingles in the distribution of any sensory nerve, occasionally on the face, neck, and limbs – but it seems to be more common on the trunk. An attack of this condition can have

different effects on different individuals – ranging from a mild, limited rash, short duration to a severe, large surface area rash that is almost disabling. Fortunately, there is treatment that has been shown to limit the duration and severity of the attack, and may also help to prevent or limit occurrences of post-herpetic neuralgia. “Anti-viral” medicines (e.g., acyclovir) for 7 to 10 days should be started within 72 hours of the eruption of the rash, for best effect.

If you had chicken pox as a younger person, and you experience the above symptoms, see your provider for a documented diagnosis and then get started on the medicine. There is also a vaccine available for shingles (Zostavax) that shows some promise in preventing even one attack. It is available for people over the age of 50 that did have chicken pox as a child. While it cannot claim to be 100% effective at total prevention, if you do get an attack – it may be more mild and limited in scope. There is also a vaccine for chicken pox given to our children now. Therefore, chicken pox is now much less common than it used to be. And, the good news about that is that if you never have chicken pox, you can never get shingles later in life. So, you actually prevent two diseases with the one vaccination.

We are starting to see shingles a little more often in the adult population now than in the past. A theory is that, as adults growing older, we used to be exposed occasionally to children with chicken pox (our own or others). Even though we would not get chicken pox again, those exposures acted like “boosters” to our immune systems to fight the dormant virus in our system, and prevent shingles. Now that we don’t have these occasional exposures as often, we don’t get that stimulation to our immunity. This may be one reason for the slightly increased incidence of shingles that we are now observing in the older population.

We really do enjoy hearing from you with any questions, concerns, or ideas for future columns and/or health and wellness related issues for the *Georgia Mountain Laurel*. Please send an email to [rabundoctor@gmail.com](mailto:rabundoctor@gmail.com), or call us at 706-782-3572, and we will be sure to consider your input. This and previous articles can be now be found on the web at [www.rabundoctor.com](http://www.rabundoctor.com) in an archived format. If you use Twitter, then follow us for health tips and wellness advice @rabundoctor. Like and follow our Facebook page at facebook.com/rabundoctor. Until next month, live healthy and be well!