

HERPES ZOSTER

Shingles

CATEGORY:

Infections / Rashes

LOCATION:

Most commonly affects the chest, neck, forehead, and back on one side of the body; occasionally widespread

Can also cause blistering in the eyes, ears, mouth, or genital area

OUTLOOK:

Recovery usually takes 2–4 weeks, unless complications occur (1–4% of cases)

LOOKS LIKE:

Red/grey/brown/purple; blistering

FEELS LIKE:

Painful, bumpy



WHAT IT CAN LOOK LIKE —



Shingles in the early blistering phase



Shingles affecting the chest



Shingles affecting the forehead - now in the crusted stage



Shingles of the left upper face in a young child - it is now in the crusted phase



Shingles affecting the left side of the neck; the midline cut-off helps clarify the diagnosis



Shingles on the left side of the lower face - clustered small blisters and midline cut-off

What is it?

Shingles, also known as herpes zoster, is a painful blistering rash. It is caused by the same virus that causes chickenpox (varicella-zoster virus). Anyone who has previously had chickenpox can go on to get shingles, sometimes many years later.

Shingles is more common and severe in adults aged over 60 years, and in people with certain illnesses and medical conditions, particularly those with a weaker immune system.

Shingles

CAUSES —

After recovering from chickenpox, the varicella-zoster virus can remain dormant (asleep) in your nerve cells for life. It can later reactivate, causing shingles. While it's not well understood why this happens, it can be triggered by pressure on the nerves, injuries, infections, cancer, stress, or surgeries.

SYMPTOMS —

- Pain in an area of skin without a rash is usually the first symptom, sometimes with headaches & fevers.
- Rash usually develops within 1–3 days: starting as small red bumps; or may look pink, grey, brown, or purple in darker skin types.
- Bumps turn into fluid- or pus-filled blisters, before crusting over as they heal.
- Often affects the chest, neck, forehead, or back.
- Some people have a painless rash (more common in children), or pain but no rash.

Complete recovery generally takes 2–4 weeks, unless complications occur.

Shingles is infectious in that the varicella-zoster virus can be spread through direct contact with the rash, specifically fluid from the blisters. This can cause chickenpox infection in people who haven't had chickenpox before.

COMPLICATIONS —

- Slow-healing deep blisters that can scar.
- Bacterial infections of the shingles rash.
- Post-herpetic neuralgia: nerve pain (burning or shooting pain), continuing after the rash has healed.
- Eye inflammation and eyesight loss from shingles near the eye (ophthalmic shingles).
- Facial weakness and hearing loss (Ramsay Hunt syndrome) in shingles around the face.
- Rarely, can spread to internal organs such as the brain (causing encephalitis) or lungs (causing pneumonia).

DIAGNOSIS —

Shingles is generally diagnosed by a healthcare professional asking some questions and doing a physical examination. The rash appears in a specific area of skin based on the affected nerve that provides sensation there; this helps make the diagnosis. Swabs or scrapings are sometimes sent to the laboratory for testing.

If there is concern for shingles of the eye, you will likely be referred to an eye specialist.

TREATMENT AND PREVENTION —

Prevention – shingles vaccination (via injection):

- Reduces the risk of getting shingles
- Usually offered to older adults or those with a weakened immune system (who have an increased risk of complications from shingles)
- Availability and eligibility may vary between countries.

Treatment:

- Rest and pain relief: such as paracetamol and anti-inflammatories
- Antiviral medication (eg, aciclovir, valaciclovir, or famciclovir): can help with a faster recovery if taken within 1–3 days after symptoms start
- Antibiotics: if bacterial infection develops too.

Keep the rash covered with clothing or a non-stick dressing to reduce scratching and avoid spreading the virus to others. Also take care to regularly wash your hands.

For post-herpetic neuralgia, treatment may include numbing gels/creams (eg, capsaicin) or oral medications that help with nerve-related pain (eg, amitriptyline, pregabalin, or gabapentin).

OUTCOME —

Most people with shingles recover in a few weeks, although 1–4% develop complications that need hospital care. The most common complication overall is ongoing nerve pain. It is uncommon to get shingles more than once (1–6% chance), although this can happen if the virus reactivates again.



MORE INFORMATION —

<https://dermnetnz.org/topics/herpes-zoster>

