SHINGLES – An Old Disease with New Implications

Prof. Julius Ogeng'o

University of Nairobi

E-mail : jogengo@uonbi.ac.ke

SHINGLES-AN OLD DISEASE WITH NEW IMPLICATIONS

BY DR. JULIUS OGENG'O

I first met Linet, a 24 year old business lady, six years ago in the ward where I was treating her sister Wynn, for a soft tissue injury she had sustained in a road accident. She was quite friendly and rather matronizing over her younger sister. Subsequently, she called my ward, and sometimes my house, twice a day to find out her sister's condition. After several days of hospital stay, Wynn developed Herpes Zoster (Shingles). Because some of her wounds were taking too long to heal, and now with shingles, I screened her for HIV infection, and she turned out positive. However, her condition improved and she was discharged from the ward.

Linet remained indebted to me, and apparently she trusted my abilities. On her insistence, I became their family doctor. However, although I saw Linet almost twice a month, I never got to see or hear of Wynn again. Six months later, the family left for Christmas but Linet remembered to send me a card. After new year, she paid me a surprise visit at the clinic looking frail. She was certainly ill, and needed treatment. After she narrated her story to me, I examined her, and noticed this belt-like band of eruption of blisters that looked like a burn. This was shingles. On her request, I admitted her to the amenity wing of the hospital. The admission gave me a chance to discuss her case further, both with her and my senior colleagues.

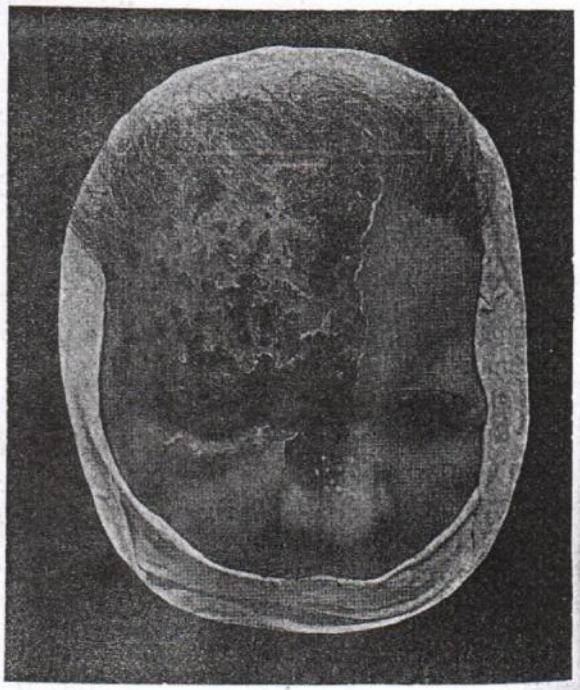
Dr. Mulwa the consultant physician/dermatologist recalled

Dr. Ogeng'o: "Many patients who have shingles are HIV positive, but there are others who have it yet they are negative"

the relationship between Wynn and Linet during the next ward round. Subsequently, on two occasions, he appeared rather uneasy every time we reached Linet's bed, for reasons which he did not share with us. Both Linet and I noticed this, and when Linet suggested it, I asked Dr. Mulwa out for lunch so that we could have a chance for a private discussion over this case. After the lunch as he gently pulled on his cigar, I casually reminded him of the case on and he was quick to respond. Maybe he was expecting the matter.

"These days doctor, you have to treat shingles with a difference. Many of the victims turn out HIV positive. Linet is a close friend of mine, and her sister is down with AIDS. For both reasons, it is not pleasant to see Linet in the ward with shingles." Dr. Mulwa uncovered the reason for his uneasiness at the ward round. I could understand his worries. So I knew better than to ask any questions. For the next few minutes, we went on to discuss other informal matter.

On my next visit to the ward, Linet requested discharge, but I retained her for another day so that I could reorganize my thoughts. The next day, I discharged her, to be seen in the outpatient clinic every two weeks. I did not screen her for HIV infection. Six months later, on the day I intended to discharge her from the clinic, she disclosed her suspected pregnancy, and



Herpes zoster affecting the forehead; with secondary bacterial infection

was adept that I take care of her during the ante-natal period. After I confirmed the pregnancy, I accepted to fully investigate her, including the HIV test. She was HIV negative twice, and the pregnancy was uneventful. Subsequently both the baby and her did well. She recently paid me visit at my new office. She is a healthy mother of two boys, both in good health. She had come to request me to carry out a post-mortem on Wynn who had died the previous week after a very long illness. Linet reminded me that Wynn had tested HIV positive twice since I last treated her.

Like Wynn, many patients who have shingles are HIV positive; yet like Linet, many others could have shingles when they are HIV negative. Shingles is an old disease, now with new implications since the onslaught of the AIDS epidemic!

Shingles (Herpes-Zoster), has been known for over a century. It was first shown to be a disease of nerves of the skin in the middle of the nineteenth century, and in the early 20th century, it was discovered to be caused by Herpes zoster, a virus that is thought to be very similar to that which causes chicken pox.

It is infectious, and appears to confer immunity after an attack. It is mainly a disease of adults who have previously had chicken pox and it has been suggested that the disease results from reactivation of the virus that rain dormant in parts of nerves since the chicken pox attack. It may however occur as a fresh infection from the environment. Indeed, there are many patients with Herpes Zoster, who have no recent exposure to patients with this or a closely related disease. The occurrence of the disease does not increase during seasonal chicken pox epidemics. In fact, the cases are sporadic with no seasonal distribution.

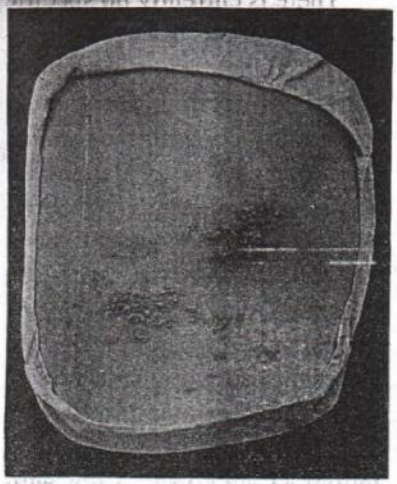
The presentation of this disease is characteristic. It most commonly affects the skin of the chest and abdomen, but also frequently appears on the extremities, head and neck. The effect is typically on one side of the body and does not usually cross the midline. The skin manifestation is preceded by a short period of 3-4 days during which the patient feels ill, with fever and vague body aches, much like "flu". Then, the skin lesion starts with the severe continuous pain in the area of distribution of the affected nerve(s). The type and severity of the pain varies from one person to another.

The actual picture on the skin starts with crops of red raised spots or little blisters, in the same area where the pain appeared. New crops may appear as the older ones are healing. These lesions, are arranged on one side in characteristic band-like clusters round the side of the chest or abdominal wall — "a belt of roses from hell". They may run across over the neck, chest and abdomen; or down the arms or legs. The next stage is watery blisters and soles, quite like a burn. This gives way to the scabbing or crusting stage, which is commonly a sign of healing. These stages resemble the stages of chicken pox, only that this is localized.

When the nerves of the head are affected, there is severe pain in the area supplied by the nerve; headache and weakness of the eyelid muscles. The papules (red raised spots) then appear on the face, mouth and frequently over the eyeball. This eruptions may appear on the tongue and the ear if the respective nerve(s) are affected. In these cases, the pain may affect the teeth and hearing often gets impaired. Deviation of the face to one side is not uncommon.

In children, and less frequently in adults, the characteristic local eruption may be followed by the appearance of more or less generalized vesicles, unrelated to the distribution of a particular nerve. In these cases, the disease quite resembles chicken pox. These scattered lesions last 1-2 weeks in normal hosts; but may persist for several more weeks in those who have another underlying disease, especially in those with weakened immunity. In such people, unfortunately, dissemination may involve the internal organs such as the lungs, and cause death.

The circumstances that reac-



The herpes zoster lesion on the side of the chest

tivate the dormant virus are not known for sure but stressful conditions such as another illness, sudden climatical changes and malnutrition have been implicated. Although this disease can appear from the blues, it seems to occur more commonly in indi-

viduals whose immunity has been weakened by some other disease such as cancer; especially of the blood; tuberculosis; poorly controlled diabetes mellitus; chronic liver or kidney disease; malnutrition; exposure to radiation; chronic use of steroidal drugs among others. More recently HIV infection has been highly associated with this disease. In a number of cases in fact, shingles (Herpes zoster) may be the first presentation of HIV infection, and often it is the first indication of underlying HIV infection. In HIV infected patients, the disease is more severe, takes longer to dry out, and is more likely to be disseminated and also get secondary bacterial infection. Consequently, many doctors will now test, for HIV infection, any patient who presents with shingles - yet the disease has been known for over 100 years.

There is currently no specific treatment for this disease. In normal individuals, if no secondary bacterial infection occurs, the vesicles dry out within one week leaving small scars. Calamine lotion or powder is often given to soothe the volitation; and good pain killers reduce the agony due to pain. Treatment of the underlying cause, where and when present, is all important. If secondary bacterial infection is likely to occur, or has occured, antibiotics are given. A few antiviral agents may work. In any case, good hygiene, balanced diet with fresh fruits and/or vegetables, fresh air, are all good for the healing of the eruptions.

After the initial healing of the eruption, the patient frequently continues to feel pain in the affected area, for a variable period depending on the age and immune status of the individual. This pain, called post-herpetic nerve-pain could last weeks or several months. Occasionally nerves to the muscles may have been affected, leading to segmental weakness and even paralysis of the affected muscles. In this case, physiotherapy is useful to restore muscle strength and function.

It is important to note that just the simple shingles does not kill. It heals naturally. Death however, when it occurs, may be due to the underlying disease that triggered the reactivation of the virus; dissemination of the viral attack to involve internal organs; or overwhelming secondary bacterial infection. Like all infectious diseases, improved personal and community hygiene; control of over crowding; adequate balanced diet; all have an important role to play in the control of the disease. Finally it is noteworth that although there is a strong association between shingles and HIV infection; not all HIV infected individuals develop shingles, and not all patients who have shingles are HIV infected. However, the probable underlying disease should be diagnosed and treated. If you have had, or have shingles, see your doctor now and let him read the stories this "skin rash" is telling! ❑

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