

Case Report / Olgu Sunusu**Postherpetik Nevraljinin Kombinasyon Tedavisi
Combination Treatment of Post-Herpetic Neuralgia**Handan Güleç¹, Münire Babayiğit¹, Selcen Kütük¹, Mehmet Şahap¹, Zehra Tural¹, Aysun Kurtay¹, Eyüp Horasanlı¹¹ Keciören Training and Research Hospital Ankara, Turkey**Corresponding Author:**

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Özet

Herpes zoster viral bir hastalık olup, genellikle ağrılı ve eritemli- veziküler döküntü halinde görülür. Herpes zoster vücudun herhangi bir dermatomunda görülebilir ama genellikle thorakal bölgelerdedir. 88 yaşında 70 kg ağırlığındaki bayan hasta sırtında ve yanlarında ağrıyla polikliniğimize geldi. Akrabalarının söylediğine göre geceleri çok şiddetli ağrı nedeniyle uyuyamamış ve sürekli inlemiş. Tedavide multidisipliner yaklaşım uygulanabilmektedir. Bunun için aile doktoru, ağrı uzmanı, psikiyatrist ve nörolojist gereklidir. Hastamız uygun ilaç tedavisi ve sinir bloğu kombinasyonu ile tedavi edilmiştir.

Anahtar Kelimeler: Herpes zoster, postherpetik nevralsi, sinir bloğu

Abstract

Herpes zoster is a viral disease presenting with vesicular eruptions that are usually preceded by pain and erythema. Herpes zoster can be seen in any dermatome of the body but most commonly appears in the thoracic region. 88 years old, 70 kg female patient who came to our outpatient clinic with pain in the back and side pain. Very severe pain that can not sleep at night because of pain constantly moaning and relatives said. A multidisciplinary approach is required for the treatment of PHN From the family doctor, pain specialist, psychiatrist and neurologist required. Our patient was to evaluate the neurology and pain medicine. Proper medication and nerve block is defined as a combination therapy has been useful in our case.

Key Words: Herpes zoster ,postherpetic neuralgia ,nerve block

Introduction

Herpes zoster is a viral disease presenting with vesicular eruptions that are usually preceded by pain and erythema. Herpes zoster can be seen in any dermatome of the body but most commonly appears in the thoracic region.

After the initial varicella zoster infection, the virus persists in the ganglia of the sensory cranial nerves and spinal dorsal root ganglia without triggering symptoms for many years (1). Although the symptoms of acute herpes zoster (AHZ) typically resolve within 2–4 weeks, approximately 10 % of patients develop postherpetic neuralgia (PHN), often defined as pain persisting more than 3 months after the onset of the rash in the same affected area (2). 73 % of PHN cases were in individuals aged ≥ 60 years [3]. PHN pain results from sensory nerve damage and may be intermittent, chronic or spontaneous in nature [1]. PHN symptoms frequently include allodynia, wherein pain is evoked by normally nonpainful mechanical stimuli, such as light brushing of the skin. Even with appropriate treatment, PHN pain can interfere with sleep and routine daily activities.

Case

88 years old, 70 kg female patient who came to our outpatient clinic with pain in the back and side pain.

Very severe pain that can not sleep at night because of pain constantly moaning and relatives said. Patient has hypertension, diabetes mellitus, and we learned from her relatives that he was taken to the neurology clinic due to the pain she has in her back. She was given paracetamol tablets and antiviral drugs by dermatologist. Because of the fact that the pain did not pass off, she was sent to a neurologist by her doctor. When we saw the patient we evaluated that VAS (Visual Analog Scala) was 10. We started to give tramadol 50 mg and pregabalin 75 mg and lidocaine cream twice a day. She said that after 2 days her pain decreased a little bit and VAS became 8, %1 of

Intercostal block lidocaine at the level of T4-5-6-7 was applied.

VAS decrease to 3 after 3 days and she said she slept well at night. After two weeks she came to control, her lesions were not existing but she had a little pain and her VAS was 3. The treatment was kept up by pregabalin.

Conclusions

Acute herpes zoster (AHZ) is typically easily recognizable, PHN can be difficult to diagnose because the rash of AHZ can clear out and it may be hard to determine if it is PHN or not. In the diagnosis of postherpetic neuralgia (PHN), routine questioning should attempt to identify the nature of the patient's pain. In PHN, the pain is typically localized, unilateral (i.e. dermatomal), intermittent, chronic and it can occur during sleep or other normal daily activities. Additionally, the pain can be an itching, burning, sharp, stabbing or throbbing. Factors such as the touch of clothing or standing in a shower can aggravate. (4)

During the physical examination, areas of previous AHZ may show evidence of cutaneous scarring [5]. Approximately 50 % of these patients with AHZ have PHN.

Intercostal blocks are used during acute herpes zoster and also at PHN. Applications with or without steroid of local anaesthetic causes important decrease in allodynia. (6)

Combination of paracetamol with single or weak opioid drug are generally useful in acute pain. (7)

100 mg-600 mg (about 300 mg) is suggested for gabapentin. Because having nearly no complication and being proved to be effective, it is on the way to become a sufficient choice. (8,9)

It is showed that subcutaneous lidocaine is effective at PHN and with the application of steroid, its effect can be longer. (10,11)

A multidisciplinary approach is required for the treatment of PHN. From the family doctor, pain specialist, psychiatrist and neurologist required. Our patient was evaluated by neurologist and algologist.

Proper medication and nerve blocking has been useful in our case.

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