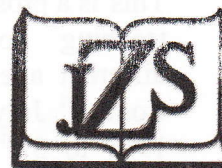


Pain Control By Nerve Block In Herpes Zoster

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Abstract

Herpes zoster is one of the common viral diseases in our locality, it is characterized by fever, skin eruptions and pain in the course of the affected nerve. The pain is moderate to severe, burning or stabbing in nature, persistent, radiating over the distribution of the affected nerve. Many drugs & therapeutic procedures have been advocated in the control of this exhausting pain, with equivocal results.

In the present work we used simple, easy, cheap and tolerable procedure with a reasonable result in comparison with the current modalities of the treatment.

Keywords:-Pain Controul-Herpes Zoter- Nerve Block.

Introduction

Herpes zoster is a viral infection that results from reactivation of a dormant varicella zoster virus(1). It affects cranial or spinal nerves, presents itself as several groups of vesicles on erythematous and edematous base (2), along the distribution of the affected nerve. Skin lesions associated with moderate to intractable, exhausting pain in same dermatome. Study by Goh-cl et al showed that the commonest prodromes were pain (41%), itching (27%) and parasthesia (12%), (3).

Herpes zoster requires an effective, inexpensive form of treatment, not only because it impairs quality of life but also on account of it's relatively high incidence resulting costs incurred (4). Several therapeutic options have been advocated for the control of the pain but none have been completely effective.

The primary endpoint in the treatment should be control of the pain, all other variables

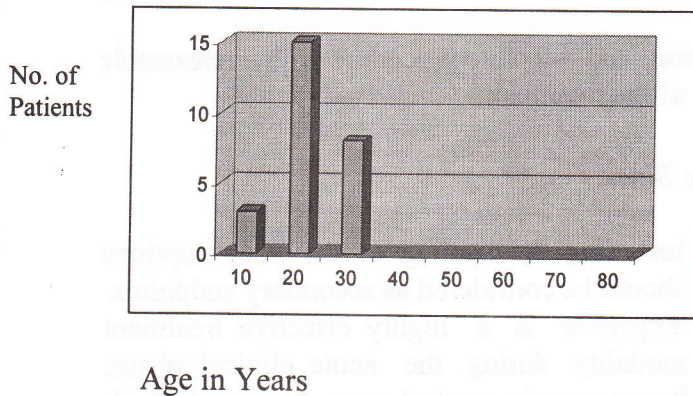
including the healing of the skin eruptions should be considered as secondary endpoints. Acyclovir is a highly effective treatment modality during the acute clinical phase, however pain control may be very difficult (5), oral famciclovir 500mg or 750 mg three times daily for 7 days is an effective and well tolerated therapy for treatment of herpes zoster (6), but it is expensive and not available in our locality. Currently, data become available, alternative modalities such as local treatment of pain should be included in the treatment options. Topical treatment with idoxuridine, acyclovir limited by their side effects (7), Recently epidural steroid injection, interferon, virdarabine have also been proved of value (8). Early in the last decade Argon laser used to change sensory and pain thresholds of the affected nerve, have also been proved of some value in the control herpes zoster associated pain.

The purpose of our study is to investigate the effects of nerve block on acute pain of herpes zoster.

Material and Methods

This is a prospective study conducted in Sulaimany teaching hospital, including (100) patients of different age, sex over the period of three years, from 1st July 1995 to 30th Nov. 1997 and 1st Jan. 1999 to 31st October 1999. Herpes zoster is one of the common viral diseases in our locality with highest incidence in 10-20 years of age & 60-80 years of age as shown in figure I

fig. I Age – incidence of



Males were affected more than female, the ratio of female / male was 2 / 3
The left side of the body was affected in 55%, while the right was affected in 45 %. The thoracic dermatomes were the most commonly affected (80%) followed by cervical (20%), & single case not affected the lower limb & in 3 cases trigeminal on the left side involved, were excluded from the study as shown in table I

Table I : incidence of different affected cervical & thoracic dermatomes

Dermatome	Rt. Side	Lt. side
-C3	3	3
-C4	3	1
-C8-T1	8	2
T3	3	6
T4	2	6
T5	5	10
T6	2	4
T8	2	15
T10	14	6
T11	3	2
Total	45	55

All the patients sent from dermatology department, after signing informed consent then under went the following procedure.

The Technique of the Nerve Block

After sterilization and draping of the desired area along the course of the nerve.

A weal in the skin raised by injecting 1 ml 1% plain Xylocain under the skin.

Then after 1-2 minutes, (2-4) ml of plain 1% xylocain injected as posteriorly as needed under the rib of concerned intercostal space. Most of the patients became pain free within 2 minutes & all within 4 minutes from the time of the injection.

Then the patients sent back to dermatologist for evaluation of pain relief.

When the patient became pain free, sent home with instructions to be reported on reappearance of the pain, otherwise to be reported after 7 days, according to this schedule most of them followed up to 3 months.

Most of them need one injection for complete & permanent abolishing of the pain, but some of the patients need two and rarely three sessions for injections, as shown in table 2.

Table 2 : showing number of patients & needed sessions

No. of Patients	No. of session for injections
75	one injection
22	two injection
3	Three injection

Result and Discussion

There may be some benefit and pain relief with acyclovir, corticosteroid and carbimazole when used early in the disease. But all of these drugs either have frequent side effects and / or expensive. Recently Famciclovir and argon laser proved to be effective in relieving pain of acute herpes zoster, but unfortunately both of them not available for use in wide base, at least in our locality. As the goal of the treatment is to abolish associated pain & discomfort; xylocain injection proved to be cheap, easy, acceptable & tolerable modality of treatment for control of herpes zoster associated pain. Xylocain is available and cheap, the procedure is easy & tolerable in experienced hand and could be done on basis of out

patient clinics & gives prompt complete and permanent relief of exhausting pain in most of the patients in very short period.

This prompt relief form a bridge of trust between the physician & the patient. Later become more cooperable & reported voluntarily more regularly.

Acknowledgment

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نازار برينى ته پخال به هوى گوت كردنى دهماره كانه وه

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كوليجى پزىشكى / زانكوى سلېمانى / ههرىمى كوردستان - عىراق

(تهپ خال) كه جورىكه له تاميسك، يه كيكه له نه خوشى يه قايروسيه بلاوه كان له ناوچه كه مان دا، به تا، هه لتوقويى پيست و نازار به دريژى دهماره تووش بووه كه خوى دهرئه خات. نازاره كهى مام ناوه ندى يا توونده، وهك سوتانه وه يان وهك هه لدرين وايه، به رده وامه و بهو ناوچه يه دا بلاوه بيته وه كه دهماره تووش بووه كه نه يده مارينيت. زور دهرمان و ريگه چاره بو نه هيشتنى نازاره كهى به كار هينراوه. به لام هيچيان دهره نجامى ته واويان نه داوه. له م تويزينه وه يه دا ئيمه ريگه يه كى ناسان، ساكار، هه زمانمان به كار هينراوه، نه خووش په سه ندى نهكات و بهرگه ي نه گريت دهره نجامه كهى به به راورد له گه ل دهره نجامى ريگه زانراوه كان باشه.

معالجة الام الحمى القاريسيليه بتخدير الاعصاب المصابة

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تعتبر الحمى القاريسيليه احدى الامراض القايروسيه الشائعة في منطقتنا، ومن اعراضها الحمى، الام وفقاعات الجلدية على امتداد العصب المصاب . تكون درجة الام من متوسط الى شديد وتكون طبيعة الام على هيئة الحرقه او الوخزية او الطعنية في المنطقة المصابه. استعملت كثير من الادوية والطرق الطبية لعلاج الام ولكنها دون نتائج مرضية. في هذا العمل استعملت طريقة بسيطة وسهلة وغير مكلفة، ومقبولة من قبل المرضى. وكانت النتائج المستحصلة من هذه الدراسة مرضية بالمقارنة مع نتائج الادوية والطرق المألوفة للعلاج.