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MANAGEMENT OF HERPES ZOSTER

To the Editor

The role of corticosteroids in herpes zoster is excellently highlighted in the recently introduced 'View point' column in the Ind J Dermatol Venereol and Leprol 1996; 62: 193. The editors ought to be congratulated on initiating this. It would provide a platform for both new and old colleagues in our field to express their own views and experiences on the topic covered. We as a rule prescribe corticosteroids in doses upto 40mg of prednisolone a day in all patients of herpes zoster (except ophthalmic zoster) upto 40 years of age provided they are not diabetics or immunocompromied. For patients above 40 years of age, if they report within 48-72 hours, acyclovir 800mg 5 times a day for 5-7 days is prescribed. For the remaining patients, the treatment is largely symptomatic. Five percent xylocaine applied topically relieves the pain, burning and tingling and so far fortunately we have not observed any contact sensitivity to it. As far as post -herpetic neuralgia is concerned, no doubt it is refractory to treatment, but it is self-limiting and the pain disappears over a period of about an year. As is well known, the incidence and severity of post herpetic neuralgia increases with age and it is more in patients who develop ophthalmic zoster. These are the patients who constitute a special group. Here one has to be extremely careful and vigilant and patients with opthalamic zoster are better managed by ophthalmologists. In our experience, carbamazepine 100mg three times a day, topical capsaicin and oral doxepin 25mg at bed time are quite effective. Though there has recently been a fall in the cost of acyclovir, it is still quite costly and this has to be kept in mind while prescribing it in poor patients and others who can not get theitr medical bills reimbursed.

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