

ROLE OF ACYCLOVIR & LASER THERAPY IN HERPES ZOSTER

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Efficacy of topical 5% Acyclovir in 35 cases of Herpes zoster (HZ) was compared with 10 cases using placebo. Complications like PHN, scarring and keloid was treated with laser. Topical 5% acyclovir was found to be very effective in controlling symptoms and PHN if applied in early stage of eruption.

Key Words : Herpes zoster, Acyclovir, Laser

Introduction

Herpes Zoster (HZ), a viral disease, is usually complicated by post herpetic neuralgia (PHN), scarring and keloid-formation in otherwise normal individuals. Symptomatic treatment has been the mainstay in the past, but recently Acyclovir has been accepted as antiviral drug of 1st choice in H Z.¹ It cuts short the duration of disease and minimizes the complications. If at all any complication persists it can be overcome by laser therapy. Acyclovir (9-C2-hydroxyethoxy methylguanine) an acyclic analogue of the natural nucleoside 2 deoxyguanosine, selectively inhibits replication of members of the herpes group of DNA viruses with low host cell toxicity.² The present study has been undertaken to compare the effects of symptomatic treatment versus topical acyclovir 5% and treatment of complications with Laser therapy.

Materials and Methods

45 cases of different age groups (16-65 years) with variable duration of disease of onset (2-10 days) were taken randomly from the out patient department of Skin & STD,

Rajendra Hospital, Patiala, between June 93 to December 93. The disease was diagnosed clinically, and confirmed cytologically by the presence of multinucleated giant cells and inclusion bodies in Giemsa's stained slides prepared from the base of vesicles. The duration of onset of disease & healing time were noted. Thirty five patients were given oral analgesics thrice a day and topical acyclovir 5% application 5 times a day for a period of 7 days. Reevaluation of the patients was done every 3rd day. 10 patients, taken as control, were given only analgesics and anti-inflammatory tablets, thrice a day and soothing lotions, 5 times a day for 7 days. After recovery, patients who develop complications (in both groups) like PHN, scarring and keloids, were given laser therapy for 10-15 seconds a day for a period of 10-15 days and results were evaluated. Combi laser was used in the present study. Follow up was done every week upto 2 months.

Results

There was dramatic response in all the cases, with acyclovir and analgesics; as pain, erythema and burning sensations were markedly improved within a period of 3-6 days. It was further observed that, the patients who come in early stages (within 3-5 days of eruptions) did not develop any PHN, scarring and keloids but the patients who came late (after 5 days of onset of eruption) develop

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PHN and scarring. PHN was seen in 5 out of 11 patients while one patient developed scarring and none of them developed keloid. In patients who developed PHN, laser therapy was given and later on subsequently no patient came with recurrence of PHN in the follow up of 2 months. It was also noted that the healing time was reduced to 5-12 days as compared to the control cases (9-15 days) : healing time is referred to the time from the day of eruption till the crust falls and there is no raw area.

On the contrary in control group 4 out of 10 patients developed PHN and 3 patients developed scarring and 1 patients developed keloid, in the follow up of 2 months. After laser therapy pain was reduced but not completely in PHN cases, scarring and keloid did not respond much.

Comments

Symptomatic treatment in otherwise healthy patients is required but complications

like PHN and scarring are there. PHN is difficult to treat with symptomatic treatment, but it can be markedly reduced if 5% acyclovir is applied in early stages of eruptions and if mild pain persists, it can be improved with laser therapy.

Our present study shows the method is good, beneficial, easy to apply, non invasive and gives good results, without any side effects. In our opinion this should be started in each and every case to avoid the discomfort. Topical acyclovir has been tried in H. progenitalis.

References

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