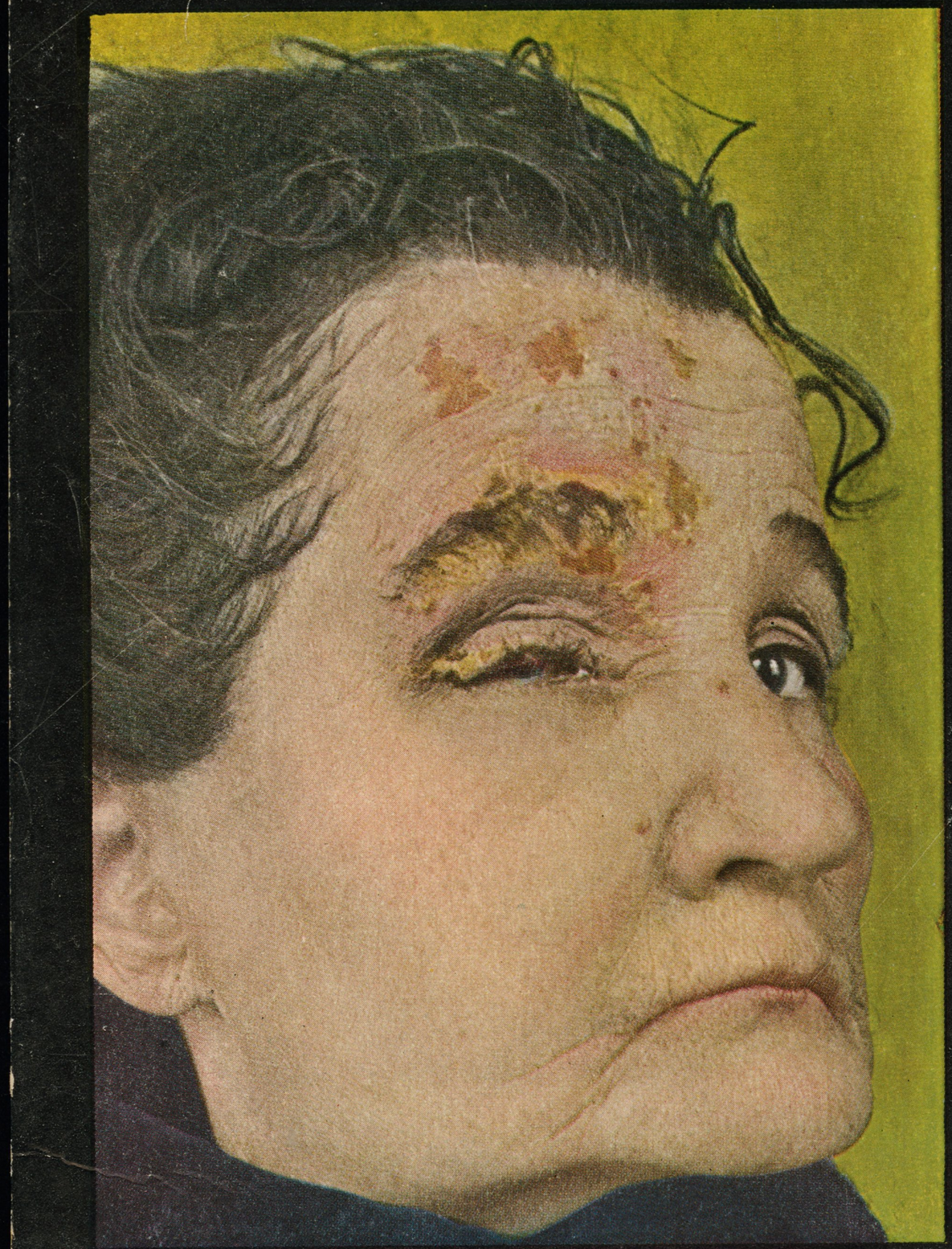

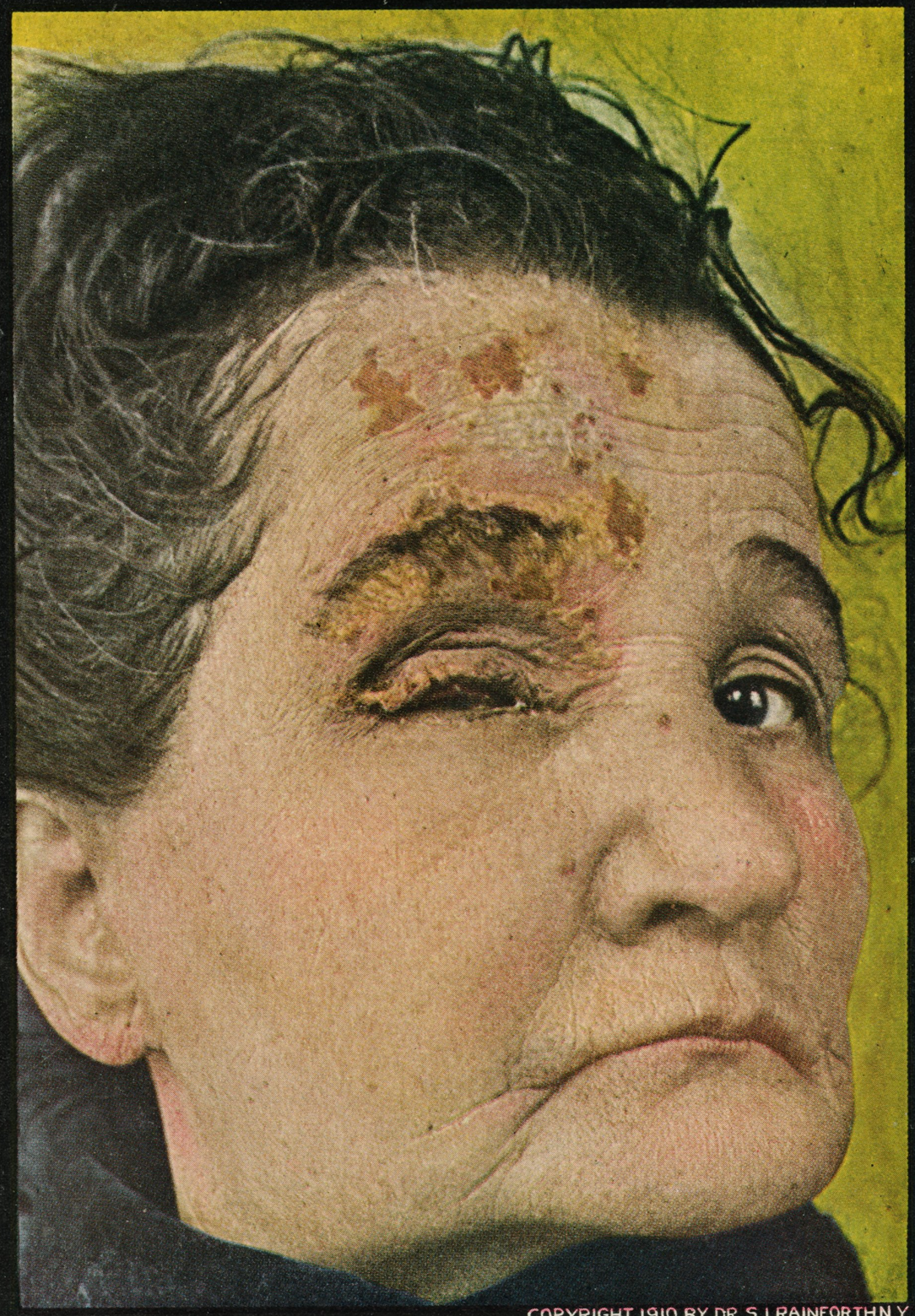

ZOSTER

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Synonyms: Zona; Herpes zoster; Ignis sacer; Shingles.

Zoster is an acute, self limited, probably specific infectious disease of the nervous system. An acute hemorrhagic inflammation attacks one or more ganglia of the sensory roots of the cranial or spinal nerves. There are often prodromal symptoms, anorexia, slight fever, and neuralgic pains along the course of the diseased nerve. On the third or fourth day the rash appears as groups of vesicles upon an erythematous base, situated in the skin region supplied by the affected nerve. The neuralgia sometimes subsides with the outbreak, though often it persists for several days. As the nerve distribution is unilateral, so the rash is confined to one side of the body, though lesions situated near the median line may encroach a little upon the opposite side. When two nerves are affected at the same time, which is not very unusual, they nearly always supply adjacent areas. In very rare instances the rash has a bilateral distribution. There may be only one or as many as twenty groups, each composed of few or many vesicles. They appear simultaneously or usually all within forty-eight hours, though occasionally new crops of blisters continue to erupt for a week or longer. The vesicles reach their maturity in three or four days, when they are about pea size, hemispherical, clear, tense and thick walled; they seldom rupture spontaneously. Later their contents become turbid, rarely puriform, but occasionally hemorrhagic in one or two vesicles. They finally dry to thin yellowish or brownish crusts which fall off in a few days and leave temporarily hyperemic or lightly pigmented spots. In debilitated individuals the lesions sometimes become pustular or even gangrenous, and leave groups of pit-like scars when they heal. The severity of the subjective sensations and of the local disturbance seems to increase with the age of the patient. It is usually in those past middle life that the neuralgic pains may persist long after the rash has disappeared, for months or even years. The most common localization of zoster is the region of distribution of the intercostal nerves, over an area as wide as 1—3 intercostal spaces, and extending halfway around the trunk from the posterior to the anterior median line. The most serious complication may arise when the disease affects the first division of the trigeminus. Lesions upon the conjunctiva and cornea may cause ophthalmia or ulcerative keratitis with resulting impairment or loss of sight. One attack of zoster seems to confer an immunity. **DIAGNOSIS:** *Herpes simplex,* unlike zoster, is very prone to recur, its outbreak is not preceded or accompanied by neuralgia, and the lesions which are usually located near a mucous orifice are often situated well to both sides of the median line. **TREATMENT:** Local treatment aims to prevent rupture of the vesicles. This can best be done by keeping them powdered and covered with a soft pad of cotton. It may be necessary to give analgesics to allay the pain.