Research Paper Medical Science

Herpes Zoster Ophthalmicus: Insight from A Doctor's Self-Case Report

*Dr. RS Sood ** Dr. A. Sood.

* Assistant Professor, Department of Physiology, Padmashree Dr. DY Patil Medical College, Hospital & Research Center, Pimpri Pune 411 018.

** Private Practitioner. Flat 6, Mazda Nest, C-21, Kasturba Housing Society, Vishrantwadi, Pune

ABSTRACT

This self-case report describes the insight gained by a doctor, the first author, who suffered Herpes Zoster Ophthalmicus. In this well-known disease too we discovered a new symptom not previously reported. The day to day problems faced by the patient and the unconventional ways to overcome the same have been described. This paper demonstrates how doctor's self-case reports can serve as a useful tool in understanding the disease from the perspective of a patient.

Keywords : Herpes Zoster Ophthalmicus, symptoms, problems & solutions, insight

Introduction:
Herpes Zoster is a disease of reactivation of Varicella Zoster Virus (VZV) from sensory nerve ganglion (Catron & Hern , 2008). When this occurs with the ophthalmic division of the trigeminal nerve, involving the eye it is known as Herpes Zoster Ophthalmicus. Most patients acquire the virus initially when they suffer chickenpox and it lies dormant in sensory ganglia and reactivates probably at the time of lowered immunity of the patient.

The authors being medical doctors have gathered quite an insight during the endurance of the disease by the first one and its treatment by the second one. This is shared in this case report.

Case report:
48 years old male, previously not known to have suffered migraine, developed unilateral headache, ipsilateral congested and watery eye. On the fourth day there were attacks of shooting pain originating from ipsilateral ear and ipsilateral upper molars, radiating to the skull. Pain originating in the ear was spontaneous and that from teeth was typically induced by mouth breathing. The patient was not previously known to have thermal sensitivity of teeth. This did make the patient think he is getting trigeminal neuralgia.

On the fifth day he developed rash in the distribution of ophthalmic and maxillary divisions of the left trigeminal nerve. The rash was macular, turned papular, pustular before eventually crusting. It was associated with severe pain and swelling of the involved skin and eyelids. Immediately on the appearance of the rash, Valacyclovir 1 gm TDS orally was started. The rash disappeared completely by end of the second week.

Since the tip of the nose was involved in the rash, eye involvement was suspected (Zaal, Völker-Dieben & D'Amaro, 2003).Ophthalmic examination was carried out and slit lamp examination revealed multiple infiltrates in peripheral cornea and early uveitis. Topical antiviral agent (Acyclovir), topical antibiotic (Tobramycin), mydriasis (Homatropine), cycloplegia (Homatropine) and lacrimal adjunct (Systane) were promptly instituted. The patient was already on systemic Valacyclovir. The infiltrates healed three and a half weeks into the illness and left only nebular opacities with no visual impairment.

The patient developed post herpetic neuralgia three weeks into the illness. This could only be partially relieved by instituting Carbamazepine 200 mg TDS orally. The pain sensation was replaced by severe itch sensation which even woke up the patient. Post herpetic neuralgia abated by the end of eighth week of the illness.

Discussion:
Prodromal symptom of shooting pain originating from upper molars, induced by mouth breathing, has not been described in Herpes Zoster Ophthalmicus.

Prodromal symptoms of unilateral headache, ipsilaterally congested and watery eye were experienced for four days before the rash developed and were dismissed as upper respiratory infection. Such symptoms should raise the suspicion so that the physician actively looks for the typical rash, thereby helping in early institution of antiviral treatment. This is known to reduce pain of acute Herpes Zoster (Morton and Thomson 1989), post herpetic neuralgia (Huff, Bean, Balfour, Laskin, Connor, Corey, Bryson and McGuirt 1988), ocular complications (Severson, Baratz, Hodge and Burke 2003) and also enhance skin healing (McGill, Chapman, & Mahakasingam 1983). We noticed the severity as well as the duration of the skin rash was much less than usual, there were no ocular sequelae and post herpetic neuralgia was restricted to five weeks.

Involvement of the tip of the nose by rash should raise the suspicion of eye involvement, so that early ophthalmic examination and treatment could promptly prevent possible loss of vision (Catron et al. 2008).

Dark glasses advised in view of use of Homatropine could not be tolerated due to contact points with glasses acting as triggers to induce headache. For the same reason the patient could not use his photochromatic glasses. This was circumvented by keeping the ambient illumination low.

By hit and trial, it was discovered that stimulating the scalp ipsilaterally relieved the dermatological pain, except when very severe. For the purpose, massage using fingers was not effective but combing hair was very effective.

In addition to glasses acting as trigger for headache, we real-

ised, presence of skin boils in the affected areas also acted as triggers and topical antibiotics provided prompt relief. Furthermore, a combination of Amoxicillin (500 mg) and clavulanic acid (125mg) TDS, systemically for five days, instituted for acute bronchitis, which the patient suffered during the course of the illness, induced appreciable more permanent relief of neuralgia, probably by affecting the scalp boils which may have been the triggers. Use of helmet also acted as a trigger and coupled with photophobia made driving a two wheeler vehicle nearly impossible.

Post herpetic neuralgia could only be partially relieved by instituting Carbamazepine 200 mg TDS orally. The pain sensation was replaced by severe itch sensation which even woke up the patient. Again, combing hair ipsilaterally relieved most, except very severe of the attacks. Application of an ice cube for about 10 seconds, avoiding the eye, provided instant relief and the patient could sleep. In fact, the patient learnt to apply ice cube at bed time to avoid sleepless nights. It was also noticed that hot fomentation provided relief lasting only half an hour or so.

The entire duration of acute illness as well as post herpetic neuralgia was marked with apathy and nightmares, more severe initially and progressively less and less severe, disappearing as the condition abated.

It was realised that photophobia extending into the phase of post herpetic neuralgia abated as soon as the patient could start using his photochromatic glasses again.

The patient is not a known Hypertensive or a Diabetic. In the entire duration of acute phase as well as severe neuralgia, blood sugar as well as blood pressure was detected to have been at the upper level of normalcy, promptly abating with the disease.

Conclusion:

As is evident from this case report, such self-case reports can provide new insights into otherwise already well-known diseases and hence must be encouraged and thoroughly perused.

REFERENCES

Catron, T., & Hern, H. G. (2008). Herpes zoster ophthalmicus. The Western Journal of Emergency Medicine, 9(3), 174-176. | Huff, J. C., Bean, B., Balfour, H. H. Jr. , Laskin, O. L. , Connor, J. D., Corey, L., Bryson, Y.J., & McGuirt, P.(1988). Therapy of herpes zoster with oral acyclovir. The American Journal of Medicine, 85(2A), 84-89. | McGill, J., Chapman, C., & Mahakasingam, M.(1983). Acyclovir therapy in herpes zoster infection. A practical guide. Transactions of the Ophthalmological Societies of United Kingdom, 103 (Pt 1), 111-114. | Morton, P., & Thomson, A. N. (1989). Oral acyclovir in the treatment of herpes zoster in general practice. The New Zealand Medical Journal, 102(863), 92-95. | Severson, E. A., Baratz, K. H., Hodge, D. O., & Burke, J. P.(2003) Herpes zoster ophthalmicus in olmsted county, Minnesota: have systemic antivirals made a difference? Archives of Ophthalmology, 121(3), 386-390. | Zaal, M. J. , Völker-Dieben, H. J., D'Amaro, J. (2003). Prognostic value of Hutchinson's sign in acute herpes zoster ophthalmicus. Graefes Archives for Clinical and Experimental Ophthalmology, 241(3), 187-191. |