

Welcome to Today's Medical Education Program!

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- The program you are participating in is not an accredited Continuing Medical Education program.
- The information presented throughout the program will be consistent with FDA guidelines.



DR. ANDREW WEINSTEIN'S INSIGHTS ON ZOSTER

I see zoster as a growing public health concern. Every year that a person is alive increases his or her chance of getting zoster. And, as the population ages, the sheer number of people at risk for zoster will as well. I see advance notice of this trend because of the large number of retirees in my community in Palm Beach County.

Even the best clinician can miss zoster in the prodromal stage. Zoster can easily be mistaken for one of the many eruptions it can mimic. When a patient comes in complaining of a nonspecific ache or pain, or unilateral discomfort that he or she finds hard to describe, we have to start thinking about the possibility of zoster. The primary eruption of zoster can last up to 30 days. For most people, the associated pain diminishes as the skin improves.

In addition to the common presentations of herpes zoster: grouped vesicles in a linear array, less frequent but potentially serious complications may occur. For example, I recently treated a case of zoster complicated by cutaneous vasculitis. The secondary vasculitis resulted in ulcers on his buttocks and genital area. As a result of the location and severity they became infected. It was so severe that he couldn't sit down for a week. We started treatment, antiviral therapy, corticosteroids and antibiotics. Luckily he recovered with minimal long-term damage.

Most physicians are aware of the potential complications of zoster, but if they haven't seen any in practice first-hand, they may be unaware how severe zoster-associated complications can be. Depending on the anatomical location, zoster can lead to visual and hearing impairment, among other things. Even an apparently innocuous case of zoster can result in permanent discoloration and scarring of the skin where the vesicles occurred.

One of the most serious complications of zoster is postherpetic neuralgia or PHN in which inflamed nerve fibers cause chronic, often debilitating pain. For patients with PHN, it is possible for the skin to remain painful and sensitive to the touch for years after the exanthem diminishes.

Allodynia is a common manifestation of PHN. Patients will experience pain resulting from a non-noxious stimulus to normal skin. One of the most serious cases I have seen in my practice is a gentleman in his 70s. His zoster presented along the first and second branches of the trigeminal nerve and progressed to allodynia. As a result, the slightest stimulus to the right side of his face causes him to feel horrible pain.

This understandably makes simple everyday tasks challenging for my patient. He can't shave. He can't scratch his face. Even the wind blowing across his skin is extremely painful. So as a result, his spouse has had to become his caregiver.

In my opinion, making an accurate diagnosis early is key to managing zoster and its complications.