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Post-herpetic neuralgia: A rare clinical image

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Description

Herpes zoster (HZ) is a self-limiting condition in which the discomfort subsides with the conclusion of the vesicular eruption. However, a sizable portion of individuals may experience pain that lasts or recurs months to years after the rash has healed; this condition is known as post-herpetic neuralgia (PHN). In PHN, the pain might be intermittent or constant and described as searing, throbbing, lancinating, or electric shocklike. Sometimes, PHN spreads on the same dermatome(s) as HZ and is accompanied by allodynia or hyperesthesia.

Since several definitions of PHN have been made following rash healing in HZ, the topic has been up for debate for a very long time. The term "PHN" refers to pain that lasts or returns 4, 6, 8, 12 weeks, or even 6 months after a rash has healed.

This definition has more recently been updated with the following distinction: define acute herpetic neuralgia as pain that appears within 30 days of the appearance of a rash; subacute herpetic neuralgia as pain that appears between 30 and 120 days; and persistent herpetic neuralgia as pain that continues after 120 days from the appearance of HZ [1].

The initial viral replication damages the spinal cord directly by inducing neurotic inflammation on the back dorsal root, which leads to necrosis, fibrosis, and the death of nerve tissue.

Current treatments for PHN pain alleviation are frequently ineffective. A substantial body of research suggests that some pharmacologic agents, such as opioids, tricyclic antidepressants (TCAs), antiepileptic drugs, and lidocaine patches, may provide at least partial pain relief for a small percentage of PHN patients, and that some of these patients may find the side effects of the aforementioned medications outweigh their benefits. Since the precise pathophysiological mechanisms underlying PHN remain unknown, there is currently no fully effective treatment available. Consequently, it is challenging to develop specifically focused medicines, a challenge necessitating increased research efforts [2].

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Figure 1: Clinical image.



Figure 2: Clinical image.

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