

What Is Herpes Zoster (Shingles)?



The virus varicella zoster causes two distinct diseases. The primary infection causes chicken pox, a generally harmless childhood illness. After chicken pox ends, the virus remains in the body, where it can remain inactive (dormant) for decades. As a result of age, illness or medical treatments, the virus can become reactivated. This second encounter is called herpes zoster, or more commonly, shingles, and is characterized by a painful rash.

Unlike chicken pox, shingles is usually quite painful. It is important to see an [ophthalmologist \(Eye M.D.\)](#) when herpes zoster occurs on the face, because the virus can invade the eye. In about 10 to 25 percent of shingles patients, the infection can affect the nerves directly in the eyeball, causing serious eye problems.

Herpes zoster (shingles) vaccine

A vaccine is available to prevent herpes zoster. The vaccine has been shown to be effective in either preventing shingles from occurring or lessening the symptoms should it develop.

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Herpes Zoster (Shingles) Symptoms

An outbreak of herpes zoster is often preceded by fatigue or flu-like symptoms. The first symptom is usually one-sided pain, tingling, or burning. The pain and burning may be severe and is usually present before any rash appears. Eventually, red patches appear on the skin, followed by small blisters.

The rash usually involves a narrow area from the spine to the front of the belly area or chest. However, the rash can appear on the face, eyes, mouth or ears. The blisters break and form ulcers, which dry and form crusts. The crusts fall off in two or three weeks.

When herpes zoster involves the eyes, it can cause a wide range of eye problems, each of which has its own set of symptoms. These diseases include:

- [Conjunctivitis](#), or pink eye;
- [Corneal ulcers](#);
- Retinitis, or infection of the retina, the light-sensitive area at the back of the eye;
- [Uveitis](#);
- [Optic neuritis](#);

- [Glaucoma](#), or elevated eye pressure;
- [Macular edema](#); and
- Neurotrophic keratopathy, where nerves to the cornea lose sensation.

Who Is At Risk for Herpes Zoster (Shingles)?

People who have had chickenpox are at risk for developing herpes zoster; your risk of shingles is higher if you had chickenpox before you were one year old. Herpes zoster generally affects people older than 60 years of age. The older you are, the higher your risk.

If your immune system is weakened by disease, such as from [HIV](#), or by medications that suppress the immune system, such as those used in cancer treatment or organ transplantation, you are also more likely to develop shingles. Stress is also believed to play a potential role in triggering an outbreak of herpes zoster.

Can herpes zoster cause other kinds of herpes?

Although they have similar names, herpes zoster is not related to herpes simplex. Herpes simplex is caused by a different virus, and its primary symptoms are watery blisters around the mouth (cold sores), lips or genitals. Herpes zoster does not cause herpes simplex. Herpes simplex can lead to its own eye problem, [herpes keratitis](#).

Herpes Zoster (Shingles) Diagnosis

Your doctor is generally able to diagnose herpes zoster by the characteristic appearance of the rash and pain associated with it. In most cases, laboratory tests aren't necessary.

It is important to see an ophthalmologist (Eye M.D.) when herpes zoster occurs on the face because the virus can invade the eye. An ophthalmologist looks for elevated pressure in the eye, inflammation inside the eye, and herpes zoster lesions or sores on the surface of the eye.

Herpes Zoster (Shingles) Treatment

If you have herpes zoster, you will usually be treated with antiviral medications. In most cases, you can take this medicine by mouth, but in some cases you may need to receive treatment through a vein (intravenously). These drugs help reduce pain and complications and shorten the course of the disease.

Your doctor may also prescribe steroids as part of your treatment. Cool wet compresses can be used to reduce pain. Soothing baths and lotions, such as colloidal oatmeal bath, starch baths, or calamine lotion, may help to relieve itching and discomfort.

Because herpes zoster is contagious, any materials that come in contact with [open sores](#) should be disposed of or disinfected before being reused.

If herpes zoster affects your eye, your ophthalmologist will treat you depending on the problem. Some conditions only require monitoring, whereas other problems may require lubricants for your eye, [steroid pills](#) or eyedrops. Most cases of herpes zoster clear up in a few weeks without complications. However, in a small number of cases, patients develop long-term pain that is more difficult to control.