



# For Your Health

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## Herpes Zoster (Shingles) and the Eye

HERPES ZOSTER is the medical term for a reactivation of the virus that causes the common childhood disease, **chicken pox**. The virus lies dormant in nerve cells after the chicken pox resolves itself. Then it reactivates, possibly as a response to stress, decreased body defenses, certain medicines and diseases, or for no good reason at all. Herpes Zoster can strike all age groups but is more common after age 50.

Zoster manifests itself as a skin rash and blisters (shingles) that range from small clusters of blisters to severe painful ulcers. These blisters occur on only one side of the body and are often preceded by pain in the same area. They may break out anywhere, but the ones of concern to us are those on the upper part of the face and around the eye lids, which have the potential of causing problems with the eye.

Specific changes in the eye vary from person to person. The lids are most commonly affected, sometimes with severe scarring as healing takes place. Conjunctivitis and red eyes are next in frequency. The cornea may have shingles on its surface and be very difficult to treat. The inside portion of the eye may become inflamed and create glaucoma, cataracts and muscle weakness. All of these problems are evident during a complete eye examination.

Zoster may also be accompanied by a slight fever and a general feeling of being ill at ease. Interestingly, a person may contract chicken pox from an individual with Zoster, but the reverse is not true.

**Treatment** consists of first identifying the correct portions of the eye involved. Often antibiotic-cortisone ointments soothe the inflamed lids and delicate membranes of the eye. Cool compresses applied frequently throughout the day also reduce swelling and pain. If intraocular pressure is elevated, appropriate measure must be taken to prevent permanent damage to the optic nerve.

High doses of cortisone are sometimes of benefit in preventing the long term pain which sometimes accompanies Zoster. This is usually reserved for older age groups. Of interest is a new group of anti-viral drugs that are taken orally in divided doses for 2 to 3 weeks. They seem to reduce the severity of the disease and hold much promise for relieving the symptoms of Zoster.

Dry eyes, deformities of the lids and scarring inside the eye pose the most worrisome long term residual effects of Zoster. With careful management and good patient cooperation these conditions can be lessened and hopefully prevented altogether.



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