

Shingles

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NINDS Shingles Information Page

Synonym(s)

Postherpetic Neuralgia, Herpes Zoster

What is Shingles?

Shingles (herpes zoster) are an outbreak of rash or blisters on the skin that is caused by the same virus that causes chicken pox - the varicella-zoster virus. Early signs of shingles include burning or shooting pain and tingling or itching located on one side of the body or face. After several days a rash of small blisters appears on reddened skin. The piercing and unrelenting pain associated with shingles can be set off by a gentle touch or a soft breeze on the skin. Anyone who has had chicken pox in the past is at risk for developing shingles later because the virus remains inactive, or dormant, in certain nerve cells of the body. Scientists are not certain why the virus reactivates, or why it only reactivates in about 20 percent of the people who have had chicken pox. There is evidence to suggest that a weakened immune system may cause the virus to break out of its dormant state, multiply, and move along nerve fibers to the skin. People with a weakened immune system, such as those with cancer or HIV, people over the age of 50, or who are ill, experiencing trauma, or under stress, are at risk for shingles.

Is there any treatment?

The severity and duration of a shingles attack can be reduced by immediate treatment with antiviral drugs, such as acyclovir, valacyclovir, or famcyclovir. These drugs may also prevent a painful complication of shingles called postherpetic neuralgia, a condition in which the pain from shingles persists long after the rash has healed. Only a small number of people will develop postherpetic neuralgia, which may require treatment with antidepressants, steroids, lidocaine patches (to numb the skin), and applications of topical pain relievers, such as capsaicin ointment.

What is the prognosis?

The rash and pain of shingles usually go away within 3 to 5 weeks, but there can be complications such as the persistent pain of postherpetic neuralgia, and problems with hearing and vision. If the virus invades an ophthalmic nerve, it can cause inflammation, impaired vision, and blindness. Infection of facial nerves can cause intense ear pain, hearing loss and facial paralysis. Shingles can be life-threatening to immunosuppressed people, such as those who are receiving organ transplants (whose immune systems have been temporarily suppressed to avoid tissue rejection), people with HIV infection, and cancer patients receiving chemotherapy or radiation treatments. Most people will have only one bout with shingles, but those with impaired immune systems may suffer repeated episodes.

What research is being done?

Clinical studies sponsored by the NIH are looking for more effective treatments to fight shingles and to prevent complications. In laboratory research, investigators are striving to learn why the varicella-zoster virus remains latent in the body for so long and what makes it active again. Current clinical studies are exploring optimum dosage levels for antiviral drugs, and lidocaine and capsaicin skin patches. A large national study is currently underway to test the effectiveness and safety of an experimental vaccine to prevent shingles, which is a more potent form of the same vaccine routinely given to children to prevent chicken pox.

Organizations

American Chronic Pain Association (ACPA)

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National Chronic Pain Outreach Association (NCPOA)

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VZV Research Foundation [For Research on Varicella Zoster]

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Related NINDS Publications and Information

- Pain: Hope Through Research
- Chronic pain information page compiled by the National Institute of Neurological Disorders and Stroke (NINDS).

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