CORRESPONDENCE

Varicella Zoster Virus and Neurological Complications

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Sir,

I read an interesting case report published in Aug 2018 issue of JAPI (Vol 66 page no. 103) by Chouhan and colleagues. Herpes zoster is a major health burden affecting individuals of any age.[1] Here I would like to share my views and experience-

1. Recently we had a patient who presented as Guillain Barre Syndrome which was diagnosed post vericella zoster sequelae and treated successfully.
2. There were also two patients who had 6th nerve palsy as a complication of herpes zoster ophthalmicus.

Case 1: A 23 year right handed young female presented with history of diplopia of two days duration, after an event of herpez ophthalmicus of right first division of trigeminal nerve of approximately 3 weeks duration which was treated with acyclovir along with other supportive treatment. On examination patient had diplopia in left lateral gaze and on inspection was found to have left 6th nerve palsy. There was no history of any immune compromise state. The patient was investigated specially the magnetic resonance imaging (MRI) of brain and orbit, and cerebrospinal fluid examination, which were within normal limits. The patient was given intravenous methyl prednisolone 1 gm intravenous infusion for 5 days followed by a short course of oral methyl prednisolone, and the patient had an excellent recovery.

Case 2: A 55 year right handed male patient who was a known case of late onset diabetes of 5 years duration, had history of herpes zoster of left ophthalmic (V1) division of the trigeminal nerve of 13 days duration, who noticed double vision 6 days back. The patient was treated with acyclovir elsewhere On examination was found to have diplopia in right lateral gaze, which on inspection was suggestive of right 6th nerve palsy. The patient's MRI of brain and orbit was normal and so was the CSF. The patient improved on intravenous methyl prednesolone as in case 1.

The complications of herpes zoster are more common in elderly and immune-compromised patients[1] as in case number 2, but may occur at times in young and immune-competent person as in case number one. Herpes zoster ophthalmicus patients are at times at risk of recurrence of ophthalmic complications even up to 10 years so a watch on this aspect with patient education may be worthwhile.[1]

There are different views and observations in different studies. According to some studies the neurological deterioration like herpes zoster myelitis can be prevented with oral antiviral therapy even after a delay in diagnosis.[2] While others observed no benefit of oral antiviral on ocular complications of herpes zoster ophthalmicus,[3] which has been ascribed by others to a late starting of initial treatment.[1]

So the aim of this correspondence is that varicella zoster is a preventable disease and it's complications can be reduced by early recognition of varicella zoster and it's effective treatment thereby reducing the burden on the society.

References

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3. Aylward GW, Claoué CM, Marsh RJ, Yasseem N. Influence of oral acyclovir on ocular complications of herpes zoster ophthalmicus. *Eye (Lond)* 1994; 8(Pt. 1):70-4.