Current Treatment and Prevention of Postherpetic Neuralgia (PHN)

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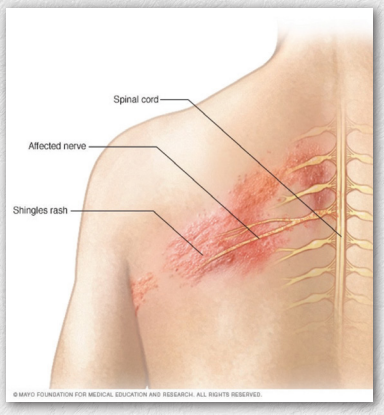
What is Postherpetic Neuralgia (PHN)?

Postherpetic neuralgia (PHN) is a chronic, persistent neuropathic pain disorder in patients who have recovered from shingles (herpes zoster). Shingles is caused by reactivation of the varicella zoster virus, the same virus that causes chicken pox. Once you have had chickenpox, the virus remains in your body for your entire life, but it is silent for years. When the virus becomes reactivated, it causes shingles.



Shingles causes a painful, blistering rashes and other symptoms. The rashes most commonly occur in a band-like pattern on one side of your body. Most common areas are in the mid back (53%), neck (20%), face (15%), and low back (11%). In many patients, pain resolves once the affected area of the skin returns to normal. However, some patients continue to experience pain beyond 3 months after the lesions have healed. The pain is commonly called postherpetic neuralgia (PHN), which is the most common complication of shingles (herpes zoster).

What are the symptoms of postherpetic neuralgia (PHN)?

PHN results from damage to nerve fibers during shingles infection. The nerve fibers at the skin in the affected area send exaggerated pain signals to your brain. The pain occurs in the same distribution as the initial rash and can be constant or intermittent. The symptoms are often described as burning, stabbing, itching or numbing. Pain at affected area can be brought on even with light touch and usually gets worse at night or in heat or cold temperatures. The intensity of pain can be physically and mentally incapacitating.

Who is at risk of getting postherpetic neuralgia (PHN)?

Factors that increase the risk of developing postherpetic neuralgia (PHN) include:

- Age > 60 years (10 to 13% of people who have had shingles will get PHN)
- Weakened immune system (cancer, chronic infectious diseases, organ transplant recipients)
- More severe/painful shingles rash
- No antiviral drugs (acyclovir, valacyclovir, or famciclovir) treatment within 3 days of developing shingles rash

How is postherpetic neuralgia (PHN) diagnosed?

PHN is usually diagnosed base on patient's symptoms, history of having shingles, and physical exam. If neuropathic pain persists beyond 3 months in same area of prior shingles rash, then PHN diagnosis is usually made. Imaging studies (MRI) may be needed to rule out dermatomal pain not preceded by acute herpes zoster episode or other alternative pathologies such as radiculopathy.

How is postherpetic neuralgia (PHN) treated?

PHN is generally treated conservatively with oral medication such as Tylenol, NSAIDS, gabapentinoids (gabapentin, pregabalin), and tricyclic antidepressants (TCAs). Topical therapy such as Lidocaine patches, Capsaicin patch or cream may also be used in conjunction with oral medication. For patients with moderate to severe pain who do not respond to oral/topical treatment, short term opioids along with procedures such as Botox injections, epidural steroid injections are usually recommended. More invasive interventional procedures such as neuromodulation/peripheral nerve stimulation may offer benefits for patients with severe, intractable pain whose symptoms are refractory to other therapies.

Can postherpetic neuralgia (PHN) be prevented?

Prevention of PHN involves either treatment of acute zoster or the use of a vaccine to decrease the incidence of acute zoster and PHN. The recombinant herpes-zoster vaccine (Shingrix) is recommended for shingles prevention in adults age 50 and older. The vaccination is given in 2 doses (2-6 months apart) and is 90% effective at preventing shingles and PHN. Protection usually lasts for at least four years.

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