

# CHAPTER 50

## VARICELLA ZOSTER (B02.9)

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### REMEMBER

- ▶ Varicella zoster virus belongs to the group of human herpesviruses and has double-stranded DNA.
- ▶ Shingles is the result of reactivation of the Varicella Zoster virus, which is usually encountered in childhood and causes chickenpox, after organ transplantation, immunosuppression, use of various drugs or infections.
- ▶ The varicella vaccination program is successfully managed in our country.
- ▶ Varicella zoster infection (shingles) is characterized by erythematous papules, and/or vesicles appearing in an area with a unilateral dermatomal distribution ( $\leq 2$ ) after a 1-3 day prodromal period of burning, tingling, and numbness.
- ▶ Secondary bacterial infections may occur on the vesicles and the clinical picture may progress to septicemia. Therefore, patients should be followed closely and cultures should be taken if necessary.
- ▶ The appearance of disseminated vesicles outside the dermatome should be a warning for disseminated disease which is more common in immunocompromised individuals. In case of doubt, the patient should be evaluated in terms of internal organ involvement.
- ▶ Scarring rarely occurs as shingles heals, but postinflammatory hyper/hypopigmentation is common.

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## Otorhinolaryngology

- ▶ In facial (7th cranial nerve) geniculate ganglion involvement, vesicular lesions can be detected in the external ear canal, eardrum, anterior 2/3 of the tongue, and/or hard palate.
- ▶ In case of involvement, the patient may complain from pain in the ear, peripheral facial paralysis, loss of taste, dry mouth, and eyes.
- ▶ In this clinical picture, which is called Ramsay-Hunt syndrome, it should be acted quickly and the treatment process should be started immediately.
- ▶ In vestibulocochlear nerve involvement, complaints of tinnitus, hearing loss and vertigo may be observed. In these cases, patients should be assessed by an otolaryngologist.

## Infectious Diseases

- ▶ The relationship of presentation of varicella zoster with COVID-19 infection, and vaccine has been described in the literature. In case of doubt, the opinion of an infectious diseases' specialist is appropriate.

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### HATIRLA

- Varisella zoster virüsü, insan herpes virüsü grubuna dahildir ve çift sarmal DNA'ya sahiptir.
- Genellikle çocukluk çağında karşılaşılan ve suçiçeği tablosuna yol açan Varisella Zoster virüsünün organ transplantasyonu, immünsüpresyon, çeşitli ilaç kullanımı veya enfeksiyonlar sonrası reaktivasyonu sonucu oluşan tablo zonadır.
- Ülkemizde su çiçeği aşılama programı başarıyla yönetilmektedir.
- Varisella zoster enfeksiyonu (zona) 1-3 günlük prodromal yanma, karıncalanma ve uyuşukluk hissi döneminin ardından unilateral dermatomal dağılım gösteren ( $\leq 2$ ) alanda ortaya çıkan eritemli papül ve/veya veziküller ile karakterizedir.
- Veziküller üzerinde sekonder bakteriyel enfeksiyonlar görülebilir ve tablo septisemiye kadar ilerleyebilir. Bu nedenle hastalar sıkı takip edilmeli ve gerekirse kültürler alınmalıdır.
- Dermatom dışında yayılmış veziküllerin görülmesi dissemine hastalık için uyarıcı olmalıdır ve daha çok immün sistemi baskılanmış kişilerde ortaya çıkmaktadır. Şüphe durumunda iç organ tutulumları açısından hasta değerlendirilmelidir.
- Zona iyileşirken nadiren skatris bırakır ancak postinflamatuar hiper/hipopigmentasyon yaygındır.

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- ▶ Ramsay-Hunt sendromu olarak adlandırılan bu tabloda hızlı davranılmalı ve tedavi süreci hemen başlatılmalıdır.
- ▶ Vestibülokoklear sinir tutulumunda ise kulakta çınlama, işitme kaybı ve vertigo şikayetleri gözlenebilir. Bu durumlarda hastalar kulak burun boğaz hastalıkları uzmanı tarafından değerlendirilmelidir.

## Enfeksiyon Hastalıkları

- ▶ Varisella zoster tablosunun COVID-19 enfeksiyonu ve aşısı ile ilişkisi literatürde tanımlanmıştır. Şüphe durumunda enfeksiyon hastalıkları uzmanının görüşü uygundur.

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