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CHARACTERISTICS OF THE COURSE OF HERPES HERPES IN PATIENTS OVER 60 YEARS OLD

Abstract:
The work is devoted to the problem herpes zoster in people over 60 years old. Etiological and physiological features of the course of this disease in this category of people are highlighted. Recommendations for tre atment of VZV infection in elderly patients are given. The recommended antiviral drugs and their doses are described.

Key words: *belting herpes, pain, immune system, old age, herpes zoster , acyclovir , postherpetic neuralgia.*

Introduction. Girdling Herpes is a disease caused by the herpes virus type 3 (varicella shingles virus). The manifestation of the disease occurs after the patient has recovered from chickenpox, the virus can remain in the body and under certain conditions become active, which leads to shingles treatment. In some cases, in older and elderly people. It is characterized by a specific clinical picture: fever, cyclic course, disease of several family members at the same time [1].

About the last few years, it became known that shingles herpes and chicken pox are protected by the same type of virus. At that time, they began to develop a vaccine for children against chicken pox. From accidentally with a belt herpes vesicular fluid was obtained and administered to children who were sick before chickenpox infection. Because of this virus, it got the name of the chicken pox virus, which, due to long-term accumulation and endogenous reactivation in nerve ganglia, is able to include another, more serious disease - visual herpes (chicken pox shingles virus). The VZV virus is the third type of the eight established herpesviruses of the family , which cause pathological processes in humans [8].

Chickenpox is characterized by a benign course. A relapse of this primary form in the form of chicken pox, which is located in the ganglia of the posterior roots of the spinal cord, is called shingles. herpes , which is manifested by localized grouped monomorphic vesicular skin rash on a specific dermatome .

As of today, there is an increase in the number of elderly patients undergoing thoracic surgery herpes _ It is believed that the growth is caused, first of all, by the aging of the population, ionizing radiation, including as a result of damage to the missile ecosystem as a result of shelling of Ukraine, in connection with the increase in the number of people used with immunodeficiency states, the detection of accumulations with cellular immunosuppression , as well as the use of immunosuppressive medicinal substances for treatment of oncopathology . The frequency of the disease among people aged 60 to 80 years occurs in the range of 5 to 10 cases per 1000 people, while in the general population this indicator is 1.3 to 4.8 cases per 1000 people [6].

Incidence of high-grade shingles in a family with secondary acquired immunodeficiency. According to statistics, every third patient with AIDS (terminal stage of HIV infection) is diagnosed with this viral infection. The specific virulence of herpesvirus infection in conditions of immunodeficiency of the disease before the exacerbation of the clinical course increases the severity of the clinical symptoms of the disease, reduces the overall effectiveness of the treatment of the underlying disease [9].

The risk of shingles increases significantly with age, the immune system detects degenerative changes and is therefore less effective in the fight against infectious diseases. Due to contributing factors such as age, stressful situation, weakened immunity, frequent illnesses, etc., the virus can recur and lead to the development of shingles. In addition, in some people, infection with the summer chickenpox virus can also occur due to:

1. After the use of immunosuppressants and a number of other drugs, such as steroids, drugs used to treat cancer due to immunosuppression .
2. Diseases that strongly affect the immune system, suppressing it.
3. Chronic diseases - diabetes, kidney disease or cardiovascular diseases that affect the immune system, thereby increasing the risk of infection.

So, herpes zoster develops in the elderly due to a decrease in the functional capacity of the immune system, associated with its involution, the presence of concomitant, temporary, disturbed pathology and vulnerability in general. An important role also increases the virulence of the pathogen and its initial sensitization to it.

Skin lesions and neurological manifestations are the basis of the clinical picture of shingles. Additional common infectious symptoms are an increase in body temperature, an increase in regional lymph nodes, changes in the cerebrospinal fluid - lymphocytosis and monocytosis, asthenic syndrome. Basically,

erythematous spots of rounded, oval or irregular shape appear on the skin, which rise above the surface, upon palpation there is " shagreen skin". Such elements are then transformed into vesicles of various sizes. Vesicles turn into blisters that can merge with each other. Rashes are mainly monomorphic - vesicular. Bubbles have a transparent content, which soon becomes cloudy due to the loss of fibrin, after the entry of pyogenic flora, and later dries in the form of a crust, where the process ends. After the crusts fell off, scars accumulated. The expression of skin manifestations in this disease is quite diverse, from individual vesicles to confluent forms that cover almost all damage [5].

Pain syndrome is one of the main symptoms of shingles and is a neurological manifestation. Elderly patients are more sensitive to pain. The onset of the pain syndrome occurs a few days before the rash on the skin. Pain has different characteristics: sharp, burning, dull, sharp, stabbing, constant. Often, the skin in the affected area is sensitive and feels severe pain, which is always relieved by non-narcotic analgesics. Sometimes it's so strong that the loss of the loss of insomnia. dermatomes of the T5 and T6 vertebrae involved in this process are usually affected . The intensity of pain actually increases internally and due to the action of various stimuli that can accompany hypertensive vegetative-vascular dystonia. Regardless of the severity of the disease, pain syndromes can vary in intensity. For example, in patients with severe forms of gangrene, the pain can be short-term and insignificant, and in patients with a mild course (insignificant skin manifestations) - strong and long-lasting [3].

There are several clinical forms of herpes zoster : ocular, gangliocutaneous , necrotic (gangrenous), meningoencephalitic , disseminated , and with lesions of vegetative ganglia [1].

Gangliocutaneous is considered the most common clinical form among people over 60 years of age . It is characterized by all the symptoms described above. When the blisters dry up in their place, a brown crust is formed, after tearing off which pigmentation remains on the human skin. The pain intensifies even with a slight touch to the damaged area of the skin. In difficult situations, the sick person feels even more when trying to move.

One of the frequent complications of herpes infection in the elderly is postherpetic neuralgia. To prevent negative consequences and ease the course of a serious disease, start special antiviral therapy in a timely manner.

Successful treatment begins with the patient's visit to a medical institution with the appearance of the first symptoms.

Treatment of acute herpes zoster in a person over 60 is aimed at accelerating the healing of the formed papules, pustules, erosions and ulcers, provides pain control and reduces the risk of complications. The basis of therapy for herpes zoster is caused by antiviral therapy, which is to suppress the replication of the virus. A comprehensive approach provides symptomatic treatment of pain syndrome and physiotherapeutic procedures.

Acyclovir drugs are the drug of choice for etiotropic therapy in this cohort . It reduces the release of the virus and the formation of papules, as well as, as a result, the pain syndrome. Acyclovir is a synthetic analogue of purine nucleoside with inhibitory activity vivo and in vitro completely human herpes virus , which includes herpes simplex virus types I and II, virus type III (the causative agent of chicken pox and shingles herpes), Epstein-Barr virus and cytomegalovirus . The inhibitory activity of acyclovir against the above-mentioned viruses is highly selective . The thymidine kinase enzyme in a normal uninfected cell does not use acyclovir as a substrate, so the toxic effect of a single host cell is minimal. The result of the action of acyclovir is the termination of the synthesis of the viral DNA chain. [9]

Acyclovir is recommended to be taken in a dose of 400-800 mg every 4 hours a day for a minimum course of 7 days. In each individual case, the dose and duration of use of the drug may change depending on the condition of the patient, his immune status and the severity of the course of the disease. Antiviral therapy should be started immediately after the onset of the disease [2].

Reduction in frequency and intensity of pain if treatment is started within 4 days of onset of pain or within 48 hours of onset of rash. The use of the drug must be prescribed to weakened patients with reduced immunity, who develop skin changes, and to provide for ophthalmological surgery. herpes with an increased risk of severe complications [3].

Shingles produces somatic and neuropathic pain of varying intensity. It is important to carry out antiviral therapy during the first 72 years from the onset of rash or root pain and the use of analgesics and early antidepressant therapy [3]. The dose and the drug should be selected according to the needs of a specific patient, taking into account individual sensitivity and response to pain medication: prescribe stronger drugs until the pain decreases or disappears or until side effects that limit the dose occur. It is the early aggressive complex treatment that can prevent the appearance of postherpetic neuralgia syndrome in the elderly.

Complex therapy of herpes zoster , depending on the condition of the patient at the moment, may include antihistamine , anti-inflammatory, multivitamin and immunomodulatory drugs. One of the components of the complex therapy of elderly people is among concomitant diseases. The presence of these or other diseases can affect the pharmacodynamics and pharmacokinetics of drugs. Immunomodulatory therapy (for example, Echinacea purpurea preparations) contributes to the general strengthening of the body, increases the resistance of the immune system, stimulates the reaction of cellular and humoral immunity, which positively affects the dynamics of the patient's disease. For people over 60 years of age, the tenth aspect is vitamin therapy. The choice is the preparation of group B vitamins, due to its ability to gradually restore the trophism of nerve endings and avoid paresis.

For local treatment, elderly people need an antiseptic solution of fucorcin , a solution of betadine or povidone-iodine should be applied to the skin , as well as topical ointment or cream of acyclovir or its analogues. [3]

Patients who develop postherpetic neuralgia, in accordance with the current standards of medical care in Ukraine, including using gabapentin , pregabalin , tricyclic antidepressants, 5% lidocaine patch and capsaicin . [4]

For purchase capsaicin can be used for herpetic neuralgia . Its effectiveness has been proven in the elderly. This is the active component of red pepper. Its action occurs in the recognition of the substance that transmits the pain impulse and prevents its re-synthesis in the neuron. Thanks to this, it has a local-infusion, distracting, analgesic, warming, absorbent and anti-inflammatory effect. Significant relief of pain with three to five applications of Zostrix ointment per day. The maximum therapeutic effect is achieved with the use of ointment with capsaicin for a week. It is recommended to use lidocaine topically before capsaicin to prevent the development of secondary dermatitis. It is important to remember that capsaicin does not accumulate at the expense until the vesicular or pustular elements heal. [7]

The reduction in severity, duration and prevalence of postherpetic neuralgia is due to the use of antiviral drugs. This technique has a high level of provenance and effectiveness among your seniors. First of all, it is aciclovir , valaciclovir , ganciclovir . Only in 20% of patients over the age of 50, who received therapy with famciclovir or valaciclovir , observing the pain syndrome and 6 months after the onset of the disease. Applications of acyclovir ointment with a frequency of application to the skin affected by the rash 4 times a day for 10 days for preservation with weakened immunity significantly accelerates complete healing. [8]

Conclusions:

1. Prior to the availability of various anti- herpes drugs , patients with shingles over 60 years of age remain a topical issue in medicine.

2. The course of the belt herpes is more severe and symptoms are more obvious in the elderly, such as pain, burning, inflammation, etc., in addition, complications such as postherpetic neuralgia are more common than in young people.

3. Treatment of shingles herpes in people over 60 years old should be comprehensive and aimed at reducing the pain syndrome and the formation of post-herpetic complications. The basis of treatment should be early antiviral therapy (acyclovir , valacyclovir , famciclovir) and analgesics (xefokam , ibuprofen).

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