# Texas Tech MedCast Podcast Episode Fact Sheet

<table>
<thead>
<tr>
<th>Podcast Series</th>
<th>Reynolds Geriatrics Series • USMLE Step 2CK Prep</th>
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<tr>
<td>Episode Title &amp; Question Number</td>
<td>“Shingles are Not Just for Roofs,” based on Question 30 of the 2010 USMLE sample exam</td>
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<tr>
<td>Personnel</td>
<td>Todd Kovach, Nicholas Schilling, Nathan Steele</td>
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<tr>
<th>Recording Date</th>
<th>July 13, 2010</th>
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| Episode Description  | Question 30, p. 32  
http://download.usmle.org/2010Step2CK.pdf |

A 56-year-old man has had the painful weeping rash shown for 2 days. He underwent chemotherapy for non-Hodgkin lymphoma 1 year ago. His temperature is 36.7°C (98°F), pulse is 80/min, and blood pressure is 138/76 mm Hg. Examination shows no other abnormalities. Which of the following is the most likely diagnosis?

- (A) Herpes zoster
- (B) Impetigo
- (C) Pyoderma gangrenosum
- (D) Syphilis
- (E) Systemic lupus erythematosus
## Learning Objectives

The listener should be able to:

1. Describe the basic pathology behind zoster.
2. Identify the main risk factors for zoster.
3. Recognize the disease and understand features necessary for diagnosis.
4. Use antiviral therapy appropriately.

## Key Teaching Points

- Herpes Zoster is a reactivation of latent varicella-zoster virus (VZV) infection in dorsal root ganglia or cranial nerve ganglia.
- Cellular immunity is important in host resistance.
- Physical appearance is a unilateral dermatomal vesicular eruption. It begins as red macules and papules on a pink erythematous base evolving to pustules, crusts, and scabs. Severe cases may also present with ulcers.
- 10%-20% zoster cases are herpes zoster ophthalmicus (involvement of first branch of trigeminal nerve) - rash may involve forehead, scalp, upper eyelid and nose but does not cross midline.
- The diagnosis is clinical, based on unilateral dermatomal vesicular eruption, it often presents with prodromal pain.
- Treatment is with antiviral agents.
  - Valacyclovir (Valtrex®) 1 g PO TID x 7 days
  - Famciclovir (Famvir®) 500mg po TID x 7 days
  - Acyclovir (Zovirax®) 800mg po 5x/day for 7-10d

## Comments

## References