In Response to "Safety and Efficacy of Different Systemic Treatment Modalities for Acutepain of Herpes Zoster: A Pilot Study"

Sir,

We read with great interest the article, "Safety and efficacy of different systemic treatment modalities for acutepain of herpes zoster: A pilot study" that appeared in the Indian Dermatology Online Journal, Volume 9, Issue 2, March–April 2018.

The authors stated that in their study they had categorizedherpes zoster pain in three grades as mild, moderate, andsevere using Verbal Rating Scale (VRS). Treatment given to each group included: Group A (control) –Tab.Valacyclovir (1 g tds × 7 days), Group B–Tab.Valacyclovir (1 g tds × 7 days) + Cap. Pregabalin (75 mg bd × 1month), and Group C –Tab. Valacyclovir (1g tds × 7 days) + Cap. Pregabalin (75 mgbd × 1month) + Tab. Methylprednisolone (0.64 mg/kg bodyweight in two divided doses for 7 days).

In Group C category, Methylprednisolone was stopped after 1 week of 0.64 mg/kg bodyweight. We suggest that 0.64 mg/kg is a comparatively high dose of steroids and it should ideally be given in a tapering dose if prescribed. The recommended treatment guidelines of corticosteroids for acute neuralgic pain in herpes zoster is 60 mg daily for 7 days, decrease to 30 mg daily for7 days, then decrease to 15mg daily for 7 days, andthen discontinue.[1] Another largerandomized controlled trial compared the effects of acyclovir with those of thecombination acyclovir and prednisolone.Prednisolone was given In dose of 40 mg/day for 3 weeks in tapering dose to acyclovir, resulting in a statistically significant reduction with pain during the first 2 weeks.[2]

There is no conclusive evidence given regarding the status of corticosteroids in acute herpetic neuralgia. However, the risks of using corticosteroids to treat herpeszoster may outweigh any potential benefits in patients with concomitantconditions that can be exacerbated by these drugs.[3] We recommend that the dose of Methylprednisolone should have been given in a tapering protocol in order to correctly assess the effect on acute as well as postherpetic neuralgia, as well as decrease the potential for side effects.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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Access this article online

Website: www.idoj.in

DOI: 10.4103/idoj.IDOJ_127_18

Quick Response Code

How to cite this article: Nair PA, Pariath K. In response to "Safety and efficacy of different systemic treatment modalities for acutepain of herpes zoster: A pilot study". Indian Dermatol Online J 2018;9:280.

Received: April, 2018. **Accepted:** May, 2018.