

Chapter 25

Conclusion: “All Roads Lead to Rome”



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Concluding this book is a fairly simple process. Herpes zoster will increase if unchecked as the population ages, and its complications are often severe and life changing. It permanently damages the peripheral and central nervous system. Postherpetic neuralgia, blindness, cosmetic facial scarring, meningitis, and encephalitis are some well-established catastrophes. There is, however, an increasingly protean role for varicella zoster virus in other diseases, such as the common conditions of stroke, myocardial infarction and granulomatous arteritis to rare conditions such as short-acting neuralgiform headache with conjunctival injection and tearing (SUNCT) one of the trigeminal autonomic cephalalgias (Nagel and Gilden in press 2016). The concept of a smouldering ganglionitis causing postherpetic neuralgia and zoster sine herpette in some patients is intriguing. Further research is necessary, but this might lead to successful treatment of postherpetic neuralgia and a variety of cryptic neuropathic conditions with antiviral drugs. Complications of herpes zoster to date are currently difficult to prevent by aggressively treating acute herpes zoster with antivirals, and severe postherpetic neuralgia can be impossible to treat or only partially relieved pharmacologically and surgically. After participating in editing this book, it is clear, especially from the difficulties in managing the varicella zoster virus when it recurs, that the future lies predominately with suppression by zoster prevention vaccines which appear to be increasingly effective and more broadly applicable. Another hope is that with improved clinical trial design of new drugs and perhaps with the promise of genetics for precision medicine, better drugs will be developed for neuropathic pain therapy in general, which will be applicable to treating postherpetic neuralgia and herpes zoster.

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