

Herpes Zoster Ophthalmicus Postherpetic Neuralgia Refractory to Pharmacotherapy Successfully Treated by Stellate Ganglion Blockade

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Background:

- **Herpes zoster ophthalmicus (HZO):** outbreak in the V1 distribution → Orbital inflammation, ophthalmoplegia, and photophobia — may be resistant to conventional therapy.
- *Ashikawa et al.* - resolution of HZO-associated oculomotor dysfunction with stellate ganglion laser (SGL) irradiation.
- Others suggest **stellate ganglion block (SGB)** benefits patients with **trigeminal postherpetic neuralgia (PHN)**.
- **Objective:** This case demonstrated of **complete PHN resolution following SGB**

Case:

- 65-year-old male with cervical and lumbar fusions, OSA, and GERD, presented with right eye pain, injected conjunctiva, vesicular rash over right eyebrow and forehead.
- **Tx:** Acyclovir, trifluridine drops, prednisone, amitriptyline, Norco, gabapentin, and erythromycin ointment.
- Persistent severe right-sided facial pain for 2 months despite therapy.
- **Intervention:** Right-sided SGB with dexamethasone, fentanyl, and bupivacaine with **pain improvement** from 3/10 → 0/10 within 4 weeks.
- **Sustained relief:** No recurrence for 4 months post-procedure.

Methods:

- **Right-sided SGB** with fluoroscopy:
Needle: 25-gauge, 2-inch Quincke-type spinal needle via paramedian approach anterolateral to C6.
- **Injected:** 5 mg **dexamethasone**, 100 mcg **fentanyl**, 4.5 mL of **0.25% bupivacaine**

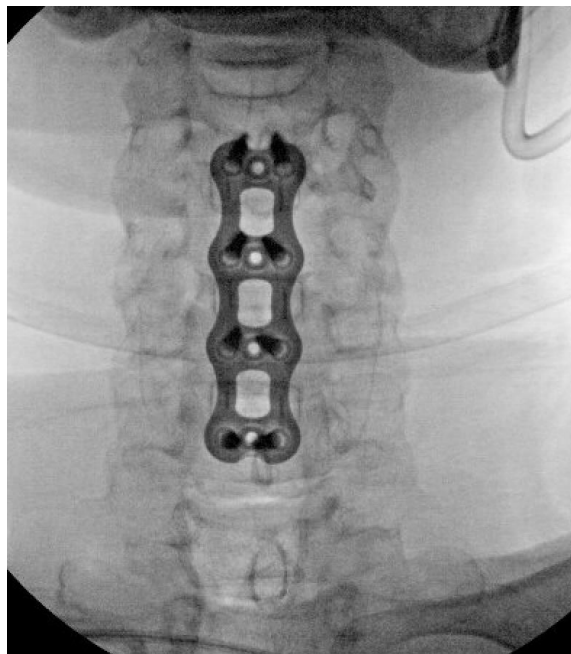


Figure 1. Axial view of the cervical spine

Conclusion:

- **Mechanism:** SGB may enhance **neural perfusion** and decrease **sympathetic-mediated inflammation**.
- **Supporting evidence:** Improvement noted in photo-oculodysnia syndrome and PHN with similar approaches.
- SGB may be a potential therapy for **refractory HZO-associated PHN**.
- **Future directions:** larger studies to confirm efficacy and establish standardized treatment protocols

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