Varicella zoster virus (VZV) is an ancient virus. Herpes viruses have existed since the Devonian period, 400 million years ago [1], when living creatures were represented by sharks, fish, amphibians. The origins of the ancestral VZV date from about 70-100 million years ago (Cretaceous period) [2], the living creatures were dinosaurs, reptiles, snakes, amphibians, birds and mammals. Between 50-70 million years ago VZV evolved in ancestral primates (derived from small mammals). In Africa 6 million years ago VZV existed in hominids, then Homo erectus and finally Homo sapiens carried for a long period of time VZV.

Homo sapiens migrated from Africa to China, India, subsequently to Europe. In North America Homo sapiens brought VZV from Asia (via Bering land bridge) 10.000-15.000 years ago [2]. VZV causes two different diseases: chickenpox (typically occurs in children) and herpes zoster (shingles) most often in adults and elderly persons (by the reactivation of latent VZV).

Herpes zoster is a neuropathocutaneous disease characterised by cutaneous lesions in the areas of a cranial or spinal nerve. A few short remarks:
- usually a prodrome of dermatomal pain precedes the appearance of the rash and subsequent of typical lesions;
- the duration and intensity of zoster pain vary greatly even in immunocompetent persons, sometimes postherpetic neuralgia (PHN) may persist months-years and requires neurological consult;
- there are patients who experience acute segmental neuralgia without cutaneous eruption (zoster sine herpete); in these cases the rise of VZV antibodies represents a proof of diagnosis;
- zoster oticus is rare, even in immuno compromised persons; facial paresis is reported in zoster oticus in immunocompetent patients;
- viral culture is the golden diagnostic standard; PCR detects VZV-DNA in fluids and tissues in some difficult cases;
- direct immunofluorescence assay with labeled VZV-specific monoclonal antibodies is rare recommended in practice, where we prefer Tzanck-test; Tzanck test is simple, not expensive, easy to perform, but unable to distinguish between VZV and HSV (herpes simplex virus) infection;
- extremely rare we perform skin biopsy to confirm diagnosis, even in zoster oticus;
- regarding the treatment we prescribe also Brivudin 125mg/day 7 days to limit acute symptoms, to prevent PHN and complications of herpes.

REFERENCES