

## Varicella Zoster Virus

**Clones: SG1-1, SG1-SG4, NCP-1 & IE-62 (7 clone cocktail)**

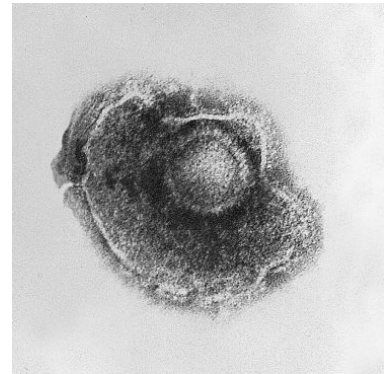
**Code: MON-RTU1236**

### Presentation

Anti-Varicella Zoster Virus is a cocktail of seven mouse monoclonal antibodies from supernatant diluted in phosphate buffered saline, pH 7.4, with protein base, and preserved with sodium azide.

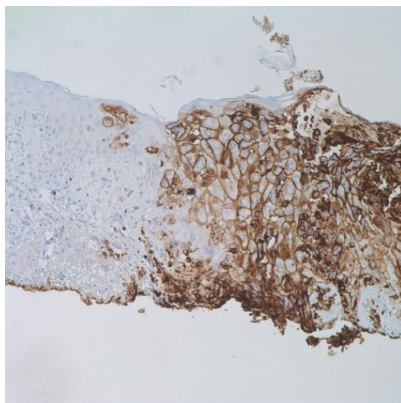
### Applications

Varicella Zoster Virus (VZV), a member of the human herpes virus family, causes two distinct clinical manifestations: chickenpox and shingles. Primary VZV infection results in chickenpox (varicella), which may rarely result in complications including encephalitis or pneumonia. Even when clinical symptoms of chickenpox have resolved, VZV remains dormant in the nervous system of the infected person (virus latency), in the trigeminal and dorsal root ganglia. In about 10-20% of cases, VZV reactivates later in life producing a disease known as herpes zoster or shingles. Serious complications of shingles include postherpetic neuralgia, zoster multiplex, myelitis, herpes ophthalmicus, or zoster sine herpete.

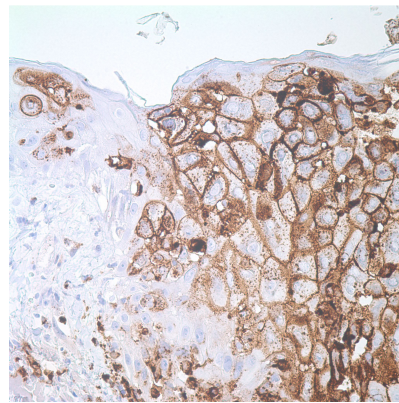


VZV is closely related to the herpes simplex virus (HSV). Affected skin shares so many histological similarities that distinguishing between them may be difficult. Immunohistochemistry with anti-VZV appears quite sensitive and specific on formalin-fixed paraffin-embedded tissues in the distinction between HSV and VZV.

<b>Reactivity:</b>	Paraffin, Frozen
<b>Control:</b>	Varicella-Zoster affected tissue
<b>Visualization:</b>	Membranous, cytoplasmic
<b>Isotype:</b>	Mixed
<b>Stability:</b>	Up to 36 months; store at 2-8°C
<b>Size:</b>	7 ml, prediluted



Varicella Zoster Virus 200x Skin



Varicella Zoster Virus 400x Skin

**Preparation and Pretreatment**

1. Cut 3-4  $\mu\text{m}$  section of formalin-fixed paraffin-embedded tissue and place on positively charged slides; dry overnight at 58°C.
2. Deparaffinize, rehydrate, and epitope retrieve; the preferred method is the use of Heat Induced Epitope Retrieval (HIER) techniques using MON-APP160 in conjunction with a pressure cooker. The preferred method allows for simultaneous deparaffinization, rehydration, and epitope retrieval. Upon completion, rinse with 5 changes of distilled or deionized water.
3. If using HRP detection system, place slides in peroxide block for 10 minutes; rinse. If using AP detection system, omit this step.

**References**

1. Kleinschmidt D, et al., Profound cerebrospinal fluid pleocytosis and Froin's Syndrome secondary to widespread necrotizing vasculitis in an HIV-positive patient with varicella zoster virus encephalomyelitis. J Neurol Sci. 1998 Aug 14; 159(2):213-8.
2. Kaye SB, et al. Human herpes viruses in the cornea. Br J Ophthalmol. 2000 Jun;84(6):563-71