

A CASE REPORT: HERPES ZOSTER OPHTHALMICUSSiva Subrahmanyam B¹, Shirisha J², Satish Ch³, Kottai Muthu A⁴ and Sharvana bhava B.S^{2*}

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ABSTRACT

Herpes Zoster Ophthalmicus (HZO) is an ocular disease which usually manifests as unilateral painful skin rash in a dermatomal distribution of the trigeminal nerve shared by the eye and ocular adnexa. HZO occurs typically in older adults but can present at any age and occurs after reactivation of Varicella- Zoster Virus present within the sensory spinal or cerebral ganglia. Signs and symptoms, which may be intense, include dermatomal forehead rash and painful inflammation of all the tissues of the anterior and rarely posterior structures of the eye.

Key words: Herpes Zoster Ophthalmicus, Rashes, Acyclovir.

INTRODUCTION

Herpes Zoster Ophthalmicus (HZO) is a rare type of Shingles; 15-20% of the cases are reported [1]. It is a member of family (Herpesviridae) and occurs in the trigeminal ganglia involving the ophthalmic division of the nerve where reactivation of latent virus occurs [2]. Herpes Zoster Ophthalmicus is a result of activated Varicella Zoster virus which is a double Stranded DNA virus in the Herpes Simplex virus group. Normally, the risk for herpes zoster is 10-20% but in case of older patients the risk rises to 50% [3].

Manifestation includes a vesicular rash, which is painful and it progresses upto 4-5 weeks. After healing of the skin lesions the pain may continue for months or years. Ophthalmic findings are minor and limited to cornea [4, 5].

When the second and third divisions of the trigeminal nerve are affected then the oral symptoms appears [6]. Poor nutrition, Aging, immunocompromised status which lead to outbreak of herpes zoster and some factors like physical,

emotional stress may accelerate an episode[2]. Complications include vision loss, disabling pain, and chronic ocular inflammation [5].

MATERIAL AND METHODS

The Patient visited Sri Bhadrakali Clinic with rashes and other associated symptoms. Her and Guardians' consent was sought and explained about this case report publication. The Protocol and Written acceptance of them was submitted and got approved from Institutional Human Ethics Committee (IHEC).

CASE REPORT

A 65 years old female patient was admitted in female medical ward of Sri Bhadrakali Clinic, her clinical data was collected from the case sheet. Her complaints were rashes on the left side of the face associated with exfoliation, rashes over left side of the forehead, vomitings (non bilious) since 3 days, H/O of closure of eyes. The patient is known case of hypertension since 5 years.

Lab investigations were haemoglobin- 8.0gm%, White blood cells- 11200cells/cmm, ESR- 25mm, Pus cells: 25-30PHF, Epithelial cells: 4-6PHF, Albumin- Positive. The patient was assessed to have "HERPES ZOSTER OPHTHALMICUS". The treatment prescribed to her are as follows Monocef (Ceftriaxone), Acyclovir, Paracetamol, Pantop (Pantoprazole), Zofer (Ondansetron), Iron folic acid, Pregabalin, Calcium, Tobrex (Sodium carboxy methylcellulose), Fucidin (Fusidic acid).

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Figure:1 Rashes over left side of face & closure of eye

DISCUSSION

Based on history and examination findings the diagnosis for HSO is mainly based on clinical ground. Once the diagnosis is made, the earlier treatment is initiated and betters the prognosis of the disease [7].

Clinical history should be taken carefully and in detail about ocular and medical history. The older and immunocompromised patients are more prone for comorbidities and the use of numerous medications that can change the differential significantly [8].

Conjunctiva, upper eyelid, lacrimal glands, forehead, scalp, and lower half and root of the nose are the lesions affecting the ophthalmic nerve [9].The pain is severe and associated with depression and suicidal ideation if not controlled [10].

CONCLUSION

The treatment given to this patient is according to standard guidelines and she is advised to follow the treatment regimen accordingly until complete cure of the disease. Early diagnosis and prompt treatment by antiviral agents can decrease the risk and severity of complications like visual loss and debilitating post herpetic neuralgia. Older patients must be carefully monitored because severity increases with age.

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Competing Interests

The Authors declare that they have no competing interests.

Authors Contribution

Shirisha J worked in the Hospital in collection of data, Counseling the patient and their family, etc., Satish Ch designed the documents required for the work, Dr.B.Siva Subrahmanyam was helpful as Clinical guide in selection of Patient, making them understand about the work and treatment, Kottai Muthu A and Sharavana bhava B.S. discussed and conceived the idea of doing this work and prepared the Protocol.

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