A 44-year-old man presented to the emergency department with 2 days history of redness, photophobia, tearing, foreign body sensation and blurred vision in his left eye. His medical records were overall unremarkable. His vision was 20/100 in the affected left eye and 20/20 in the right eye. A slit-lamp examination with fluorescein staining revealed both dendritic (Figure 1: short arrows) and geographic ulcers (Figure 1: long arrows) on the left cornea. No anterior chamber inflammation was present. These lesions were highly suggestive of herpetic epithelial keratitis. The patient was treated with oral acyclovir and lubricant eye drops. At review, 10 days later, all symptoms resolved and best corrected visual acuity had improved to 20/20 in the left eye. The corneal ulcerations disappeared without any residual scarring.

Herpes simplex virus (HSV) keratitis is an important cause of infectious corneal blindness. Following primary infection, the virus migrates to the innervating trigeminal ganglia (TG) where it stays quiescent. Reactivation of latent virus (under fever, injury or surgery, etc.) in the ophthalmic branch of the TG may lead to structural damage of the cornea. Epithelial dendritic lesions represent the most frequent type of HSV keratitis and are caused by the virus replication in the corneal surface. There are several antiviral agents that are effective against HSV such as acyclovir, valacyclovir or ganciclovir. Oral acyclovir is as effective as topical antivirals for herpetic epithelial keratitis and is especially useful in pediatric patients. However, it should be noted that cases of acyclovir-resistant corneal HSV were described in immunocompromised patients and may also occur in immunocompetent individuals.

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References