



# For Your Health

HEALTH INFORMATION BROUGHT TO YOU BY KAISER PERMANENTE

## HERPES AND THE EYE

HERPES is a very common virus to which the vast majority of us become exposed in our early years. Type 1 Herpes generally causes disease above the belt; Type 2 Herpes below the belt. By age 15 over 90% of Americans have circulating antibodies to Type 1 Herpes, which is the one we are concerned with in ophthalmology.

Following **PRIMARY INFECTION**, the Herpes virus remains dormant in our systems within nerve clusters behind the eyes and elsewhere. From these reservoirs, the virus can make several trips to the surface of the skin, as evidenced by **RECURRENT INFECTION** on the lips in the form of “cold sores” and in the eye as recurrent corneal ulcers and intraocular inflammation.

The most common manifestations of the **PRIMARY** disease are fever, enlarged lymph nodes, conjunctivitis, keratitis (infection of the cornea), and a general sense of “feeling awful.” Often confused with the common cold or flu, Primary Herpes infections usually occur in childhood and go undiagnosed.

**RECURRENT OCULAR HERPES** is the form of the disease with which we are most concerned. This causes true corneal ulceration, lid blisters, and intraocular inflammation, almost always involving only one eye. Once a patient experiences ocular Herpes, the chances of recurrence are about 40%, despite appropriate therapy. Some patients can identify “trigger mechanisms” that tend to precede such recurrences. These include fever, fatigue, becoming “run down,” emotional upsets, and exposure to ultraviolet light (when in high altitudes, for instance).

**SYMPTOMS** include tearing, light sensitivity, and a scratchy sensation, as if something were in the eye. Pain may also be a prominent complaint. After several bouts, patients learn to detect the earliest signs and symptoms of the disease.

**TREATMENT** has improved greatly over the past 10 years. We now have excellent drugs that will destroy the virus’ ability to replicate itself, thereby curing the infection. It is most important to treat **EARLY** in the course of the recurrence. If left untreated, scars may form and significantly impair vision. Eye drops are very effective. Sometimes we will scrape the Herpes virus and ulcer from the eye and allow it to heal with the assistance of drops or ointments.

Our immune system makes antibodies to the Herpes virus. Sometimes these antibodies create a “battlefield” on the surface of the eye, leaving scars and reducing vision. This problem can and should be treated vigorously, yet cautiously.

Rarely is corneal transplantation needed to eliminate the scars of ocular Herpes, but it remains an alternative in severe cases.