Short communication

Bilateral herpetic keratouveitis in an immunocompetent patient

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Abstract

Case report: We report the case of an immunocompetent male who presented with a limbal-adjacent scleritis and interstitial keratitis in the left eye. A few days later a new dendritiform ulcer in his right eye and bilateral progressive worsening with granulomatous uveitis in both eyes were observed. A thorough review of systems revealed positive serum IgM titers for herpes simplex virus.

Discussion: In the context of a bilateral keratouveitis refractory to conventional treatment it is mandatory to rule out the herpetic origin based on the different forms of clinical presentation of this virus.

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Palabras clave:
Queratouveitis
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Resumen

Caso clínico: Se presenta el caso de un varón inmunocompetente que acude a nuestro servicio con escleritis adyacente a limbo y queratitis intersticial en ojo izquierdo. A los pocos días se observa nueva úlcera de aspecto dendritiforme en ojo derecho y empeoramiento bilateral progresivo hasta presentar uveitis granulomatosa en ambos ojos. En el estudio etiológico destacan títulos positivos de IgM para virus herpes simple en suero.

Discusión: Ante un cuadro de queratouveitis bilateral de tórpida evolución con tratamiento convencional, es necesario descartar el origen herpético debido a las diferentes presentaciones de este virus.

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Introduction

Even though ocular involvement in herpes simplex virus (HSV) is unilateral in over 90% of cases, bilateral presentation cannot be excluded. To date, said infrequent presentation has been described in patients with some type of immune alteration. A case of bilateral herpetic keratouveitis in a patient without evidences of immune alteration is presented.

Clinic case

Immunocompetent male, age 40, without relevant history who visited the Ophthalmology Service due to scleritis adjacent to superior temporal limbus in left eye (LE) and interstitial keratitis. In said eye, visual acuity (VA) was of 0.4. A few days later the condition in LE became worse (VA: 0.3) with granulomatous uveitis (Fig. 1) and new dendritiform ulcer, as well as uveitis in right eye (RE) (VA: 0.9) (Fig. 2).

At that point, complete analysis was requested with negative screening for infections and self-immune disorders with the exception of positive IgM (0.228) for HSV.

One week later and after treatment with topical and systemic acyclovir in prophylactic dosage (400 mg/12 h) and systemic corticoids (dexamethasone 30 mg/24 h), the patient exhibited clear improvement with dendritic scar in RE and interstitial disk-shaped scar with granulomatous deposits in LE (Fig. 3). Consequently it was decided to increase the dosage to therapeutic values of 5 200 mg capsules every 24 h.

A new analysis revealed diminished IgM (0.179) and increased IgG (from 33,000 to 42,000) which confirmed the diagnostic of HSV reactivation.

After 2 months and suspected poor patient compliance with the treatment, the LE exhibited clear deterioration of the condition with disk-shaped scar and stromal necrosis as well as temporal neovascularization. One month later, having resumed systemic acyclovir treatment (1 g/24 h), improvement in the symptoms was observed with inactivity of lesions and diminished leukoma in both eyes (VA RE: 0.8) (Fig. 4) and (VA LE: 0.7) (Fig. 5).

Discussion

The latency of HSV exhibits high prevalence, with a percentage of at least 33% of the world population. It is a significant problem at all levels and specifically at the ophthalmological level because current drugs do not eliminate latent virus.

To date, the percentage of bilateral involvement described in different studies ranges between 3% and 11%. However, all the studies agree on atopia, early age and immunosuppression as predisposing factors for said disease.¹

Concurrent bilateral herpes conditions are very hard to find in the literature. Some cases have been described in adults, such as that reported by Praidou et al. in a patient with...
undefined arthritis and positive for antinuclear ac by Yang et al. one year earlier, which describes said process developed by the patient after treatment with corticoids and azathioprine due to pemphigus foliaceus. 

In what concerns pediatric cases, the report published by Cueva-Nieves et al. about a 4-year-old girl who developed bilateral herpetic keratitis after treatment with topical corticoids (mometasone furoate) due to atopic dermatitis is worthy of note.

In the presence of bilateral keratouveitis with torpid evolution it is necessary to discard herpetic origin. The absence of immunodepression does not discard herpetic etiology. In this context, adequate and early treatment can diminish the rate of visual sequels for patients.

Conflict of interests

The authors declare no conflict of interest.

REFERENCES