A Case of a lesion

Mr Allon Barsam
Consultant Ophthalmologist
OCL Vision

oclvision

History

- 45 year old female
- Dx with shingles 6/52 ago on face left side – tx with oral antivirals and antibiotics by GP – finished now
- Saw Ophthalmologist 4/52 ago as vision had become blurry and eye sore – told had ulcer and given ganciclovir and antibiotic drops
- Seen 10 days later and was given Dexamethasone to use on a tapering dose starting QDS
- Stopped all drops and meds 2 weeks ago

- Yday noted drop in LE vision – had been getting worse for a few days prior
- Vision misty and blurry
- Eye feels gritty and light sensitive

Medical History

- No general health issues
- No previous history of shingles or cold sores on face and lips
- No regular medications taken and no known allergies

Ocular history:

- Prev Lasik 12 years ago
- Specs – NV only

Initial Appt

Distance VA	Right eye	Left eye
Unaided	-0.10	1.10
Pinhole	0.30	

Right eye		Left eye
+0.50 / -0.75 x 169	Autorefraction	-0.50 / -1.75 x 53 (SE: -1.38)

R	IOP	L
14		35

Right eye	Examination	Left eye
NAD	Eyelids	NAD
NAD	Lacrimal	NAD
NAD	Orbit	NAD
NAD	Conj / sclera	NAD
NAD	Cornea	superior haze - KPs on endothelium
NAD	AC	NAD
NAD	Gonioscopy	NAD
NAD	Pupil / iris	NAD
NAD	Lens	NAD
NAD	Vitreous	NAD
NAD	Vitreoretinal	NAD
NAD	Post seg	NAD
NAD	Optic disc	cup-to-disc ratio: 0.30 NAD

Discussion Points:

- ***What is current situation? What is the diagnosis***
- ***How do we treat it?***

Initial Appt

Plan

Medication	Added	**Brimonidine + Timolol** **COMBIGAN**	2 mg/ml / 5 mg/ml eye drops - 1 drop - twice a day - 4 weeks	Left eye	30-Jun-2023	4 Weeks
	Added	**Dexamethasone** **DEXAFREE**	0.1% 0.4 ml unit dose eye drops preservative free 1 drop - every two hours - 4 days 1 drop - every three hours - 2 weeks 1 drop - four times a day - 2 weeks 1 drop - three times a day - 2 weeks 1 drop - twice a day - 6 weeks 1 drop - once a day - 2 months	Left eye	30-Jun-2023	5 Months
Comments	I would like you to be seen again in 2 weeks time for a pressure a check or sooner if things aren't improving or there is any change.					

Discussion Points:

- ***How does Combigan work?***
- ***Why do we add steroids***

2 weeks later – see photo

Distance VA

Right eye		Left eye	
Unaided		Unaided	Pinhole
-0.10		0.40	0.20

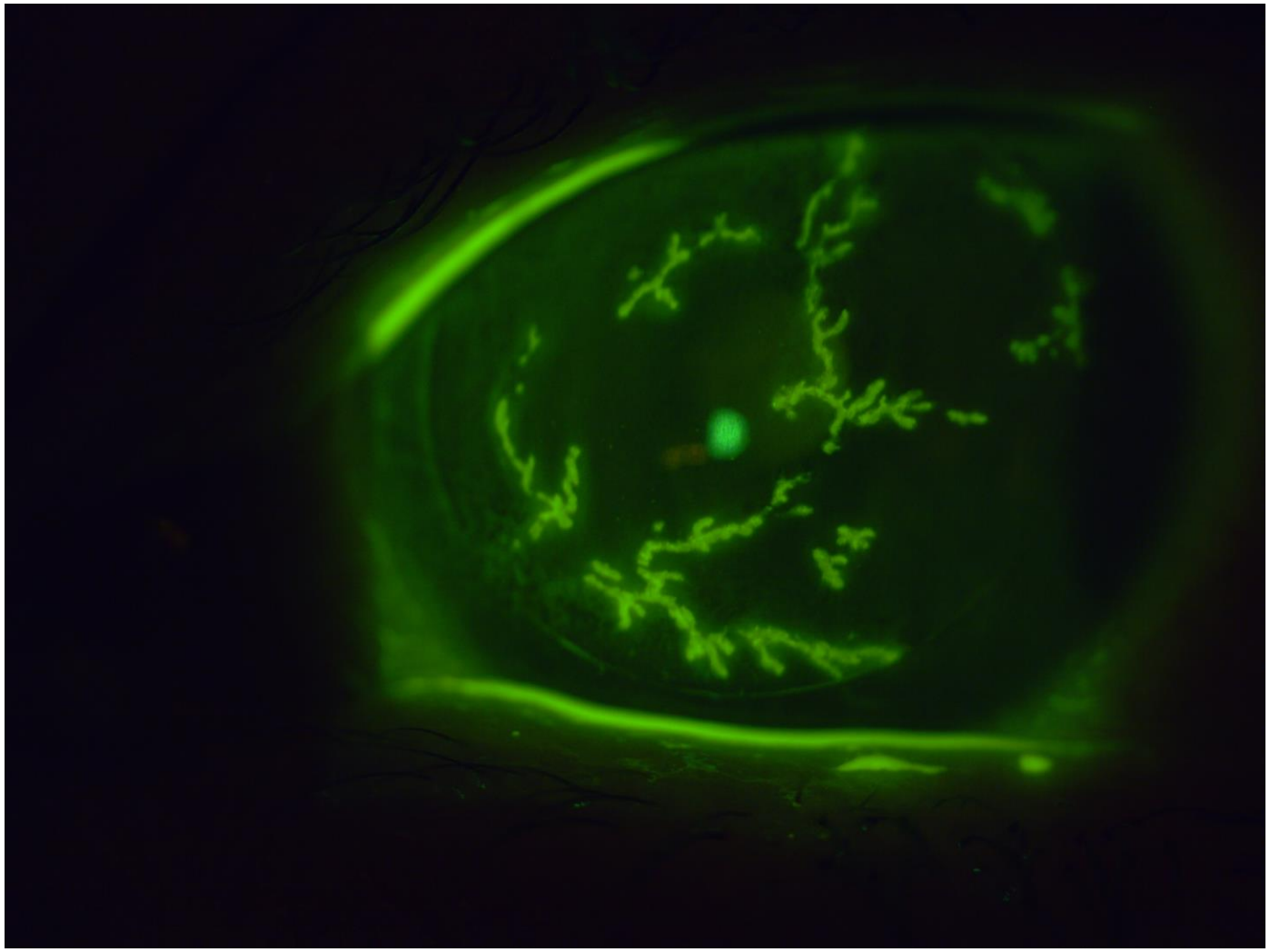
Right eye			Left eye
+1.50 / -0.50 x 149	**Autorefraction**	+0.25 / -1.00 x 31	(SE: -0.25)

Right eye				Left eye
	Subjective Dist.	+0.00 / -1.50 x 40	0.20	(SE: -0.75)

R	IOP	L
10		13

Examination	Left eye
Eyelids	NAD
Lacrimal	NAD
Orbit	NAD
Conj / sclera	NAD
Cornea	keratic precipitates
AC	NAD
Gonioscopy	NAD
Pupil / iris	NAD
Lens	NAD
Vitreous	NAD
Vitreoretinal	NAD
Post seg	NAD
Optic disc	NAD

4 weeks after last visit



Distance VA

Right eye			Left eye
Unaided	Unaided	Pinhole	
0.00	1.00	0.30	

Right eye			Left eye
+1.25 / -0.50 x 152	**Autorefraction**	-1.50 / -1.00 x 14	(SE: -2.00)

R	IOP	L
17		17

Discussion points

- What are you seeing?
- What's happened?
- How do you treat?

4 weeks after last visit

Plan

Medication	Added	**Aciclovir**	400 mg tablets - 1 tablet - three times a day - indefinitely	Oral	09-Aug-2023	Indefinitely
	Added	**Ganciclovir VIRGAN**	0.15% eye gel 1 drop - five times a day - 7 days 1 drop - three times a day - 7 days	Left eye	09-Aug-2023	2 Weeks

6 months after initial visit

Distance VA

Right eye		Left eye
Unaided -0.10		Unaided -0.10

Right eye		Left eye
+1.50 / -0.25 x 152	**Autorefraction**	+2.25 / -1.25 x 83 (SE: +1.63)

Right eye				Left eye		
:: +0.13)	+0.50 / -0.75 x 180	-0.10	**Subjective Dist.**	+0.00 / -0.75 x 15	-0.10	(SE: -0.38)

R	IOP	L
13		13

Examination

Eyelids	NAD
Lacrimal	NAD
Orbit	NAD
Conj / sclera	NAD
Cornea	trace haze now
AC	NAD
Gonioscopy	NAD
Pupil / iris	NAD
Lens	NAD
Vitreous	NAD
Vitreoretinal	NAD
Post seg	NAD
Optic disc	NAD

Plan

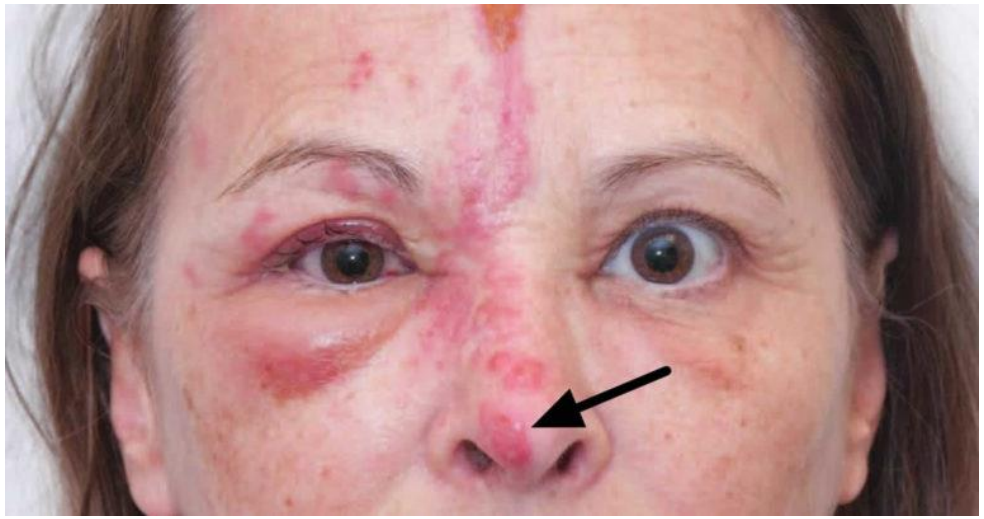
Medication	Changed	**Aciclovir**	400 mg tablets - 1 tablet - twice a day - indefinitely	Oral	05-Mar-2024	Indefinitely
	Changed	**Loteprednol LOTEMAX**	0.5% eye drops - 1 drop - once a day - indefinitely	Left eye	05-Mar-2024	Indefinitely

Comments
doing well
slow wean to once a day lotemax
see in 6 months

Discussion notes

External Examination

- Vesicular rash in V1 dermatome
- Rash respects midline
- Lesion on tip of nose



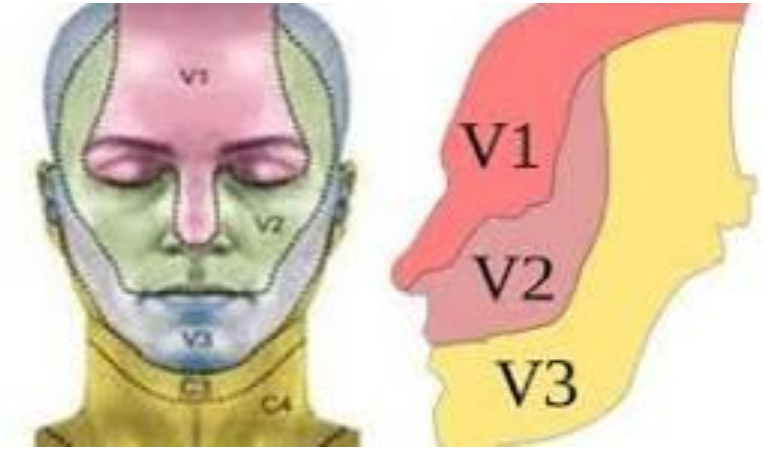
Hutchinson's Sign

Lesions on the tip of the nose indicate involvement of the nasociliary branch of the trigeminal nerve.

This branch also innervates:

- Cornea
- Ciliary body
- Iris

Ocular involvement occurs in approximately 70–75% of patients with Hutchinson's sign.



Discussion point:
Does a negative Hutchinson's sign exclude ocular involvement?

Discussion notes

Feature	HZO Pseudodendrites	HSK Dendrites
Appearance	Raised mucoid plaques - 'stuck-on'	Ulcerated epithelial defect
Terminal bulbs	Absent or minimal. Epithelium heaped at edges	Present and prominent. Rounded
Staining	Mucus stains with rose bengal/lissamine; minimal fluorescein uptake	Ulcer base stains well with fluorescein; rose bengal at margins
Corneal sensation	Reduced (often marked)	Reduced
Distribution	May be scattered/peripheral	Often central

Discussion notes

1. Oral antivirals (e.g. aciclovir)

Role:
Suppress **viral replication**
Reduce:
- Severity of acute disease
- Risk of ocular involvement
- Complications (especially early on)

Key discussion point:
In later stages, they are **protective, not curative**

In this case:
Needed because **steroids are being used**
Prevents **reactivation while immunosuppressed**

Clinical takeaway:
Antivirals are essential early, and later act as **"cover" when using steroids**

2. Topical antivirals (e.g. ganciclovir gel)

Role:
•Treat **active epithelial disease only**
Key discussion point:
•Limited role in stromal/uveitic disease

In this case:
•Likely **no longer needed** if no dendrites/pseudodendrites

Clinical takeaway:
If there's **no epithelial involvement → topical antivirals add little value**

4. IOP-lowering drops (e.g. Combigan)

Role:
•Manage **IOP rise**

Why IOP rises in HZO:
•Inflammation (uveitis, trabeculitis)
•Steroid response

Why Combigan specifically:
•Dual mechanism:
- ↓ aqueous production
- ↑ uveoscleral outflow

•Useful in **inflammatory IOP spikes**
Clinical nuance:
•Avoid prostaglandin analogues early (can worsen inflammation)

Clinical takeaway:
IOP rise is common and multifactorial - treat early to prevent optic nerve damage

3. Topical steroids (e.g. dexamethasone, prednisolone)

Role:
•Suppress **immune-mediated inflammation**
•Treat:
- Stromal keratitis
- Anterior uveitis
- Trabeculitis

Why they matter most:
•Most HZO morbidity is **immune-driven, not viral**

In this case:
•Central to treatment after acute phase
Risks (prompt discussion):
•Raised IOP
•Delayed epithelial healing
•Risk if used **without antiviral cover**

Clinical takeaway:
Steroids are the **main treatment in later HZO**, but require control + monitoring

Discussion notes

Medication	Core Role	When it matters most
Oral antiviral	Viral suppression	Early disease + steroid cover
Topical antiviral	Epithelial disease only	Active dendrites
Steroid	Immune control	Stromal keratitis / uveitis
IOP drops	Protect optic nerve	Raised IOP