HERPES ZOSTER OPHTHALMICUS—TWO RARE MANIFESTATIONS*

BY

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ATTENTION has been drawn recently to the occurrence of various ophthalmic conditions, caused by herpes zoster, that developed after the actual "shingles" had subsided. The two cases given below may perhaps deserve to be added to the records already published, owing to their rarity and to the fact that the aetiological factor appears to be established beyond doubt. Both cases were observed at the Eye Department of the Caernarvonshire and Anglesey Infirmary, Bangor.

CASE 1. S. J., aged 52 years, F., was admitted on May 21, 1943. She had had an attack of herpes zoster along the ophthalmic branch of the right Vth nerve six weeks previously. The cornea was not involved, but she had skin eruptions with severe pain. Three and a half weeks after the eruption she suddenly lost her eyesight in her right eye completely. When first seen it was found that she had no perception of light. Three days later—on admission—her condition was as follows:—

R.V. Perception of light—3 metres—projection in periphery but none centrally. L.V. 6/6. Slight blurring of the right disc, no vascular change or exudate. Slight tenderness on pressure upon the eyeball.

Diagnosis—acute retrobulbar neuritis.

On investigation the following results were obtained:—W.R. negative—both in blood and cerebrospinal fluid. Lange curve in C.S.F. normal. Blood sugar 137 mg. per cent. White cell count 10,500.

Differential count:—

Polymorphonuclears	...	...	39 per cent.
Lymphocytes	...	...	56 " "
Monocytes	...	...	3 " "
Eosinophils	...	...	2 " "

Cerebrospinal fluid:—

Nonne Apelt	...	negative
Cell count	...	44 c.mm., all small lymphocytes
Protein	...	30 mgm. per cent.
Chlorides	...	730 mgm. per cent.

Paranasal sinuses X-rayed—nil abnormal. Neither did an E. N. T. Surgeon find any abnormality.

It is commonly known that in herpes zoster there is increased protein content and lymphocytosis in the cerebrospinal fluid. The

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finding of 44 small lymphocytes per c.mm. speaks for itself. There is, however, some discrepancy in the valuation of the protein count. Some authors say that the normal is 10-20 mgm. per cent., in which case our patient had slightly raised protein. Others on the other hand quote normal values up to 40—then it must be considered on the higher side within normal limits.

The question of lymphocytosis of the blood deserves interest, as it is not generally described among the symptoms of herpes zoster. However, it is more and more believed that herpes zoster and chicken-pox are of the same causative origin, and one of the arguments for this is the similar haematological findings in the two conditions—marked lymphocytosis in their later stages.

The patient was seen five weeks later. Her visual acuity had improved to 6/60 with central scotoma both for white and coloured objects. The disc showed temporal decoloration.

CASE 2. F. T. C., aged 33 years, M., first seen on April 13, 1943. His family and previous history negative. He had "shingles" on his chest six weeks previously. Three weeks later he felt giddy and had double vision.

On examination:—R.V. 6/6. L.V. 6/6. Fields full. Both discs normal.

Pupils reacted promptly and there was no blepharoptosis or obvious squint. The right eyeball moved somewhat slower when looking to the right but ran the whole course. With red and green glasses right-sided homonymous double images could be found.

Diagnosis: Right abducent nerve paresis.

The findings of his investigation were:—W.R. negative, both in blood and cerebrospinal fluid. Lange curve in C.S.F. normal.

Cerebrospinal fluid:—

Nonne Apelt	...	...	faintly positive
Protein	...	...	90 mgm. per cent.
Cell count	...	...	9 c.mm., all small lymphocytes

(unfortunately we omitted a blood count and differential count).

The patient was seen several times and his condition cleared up after steady improvement.

These findings show a lower, though definitely raised, cell count with a much higher protein content. It would be interesting to know whether there is any regular reversed proportion between the lymphocyte count and protein content of the cerebrospinal fluid, but we could find no reference on this question.

The literature on the rarer manifestations of herpes zoster ophthalmicus is rather scanty. Very few statistics are available owing to the fewness of the cases seen by any one ophthalmologist or even at hospital, and maybe because little was thought of the possibility of herpes being the causative factor in similar cases.

The few existing statistics reveal that late ophthalmic involvements in herpes zoster occur in the following order of frequency (not mentioning keratitis):—

- Iridocyclitis (usually a complication with keratitis)
- Optic neuritis
- Paralysis of the III, IV and VI cranial nerves.
- Retrobulbar neuritis has not been described at all.

Summary

A case of acute retrobulbar neuritis and one of VIth nerve paresis have been described. Full investigation revealed that the aetiology of both was herpes zoster. We feel that the rarity of the cases justifies their submission for publication.

REHABILITATION OF THE UNI-OCULAR PATIENT

BY

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HOVE

MOST patients, during their stay in Hospital after sustaining the loss of one eye, seem to be very little conscious of disability. But as soon as they begin to mix with their relatives and friends, they become accident-conscious and inclined to exaggerate their difficulties, the more so if there is delay in payment of what they consider adequate compensation.

It seems very desirable, therefore, that active steps should be taken as soon as possible to re-educate the disabled ; and such re-education can commence within a day or two of the removal of the eye.

The following account of the arrangements made in this district is put forward to promote interest in this part of the problem of rehabilitation after injury, and may stimulate further experiment.

Other areas almost certainly have more cases with which to deal. So the general outline of treatment only is given, and this in very simple language.

By the co-operation of the Rehabilitation Department of the Royal Sussex County Hospital, patients who have had an eye removed at the Sussex Eye Hospital are sent over to the Department as soon as they are allowed up. But, the rehabilitation starts while the patient is still in bed, on the second or third day after operation. The patient is given knitting with a cotton reel and crochet hook. He usually finds it good fun, and soon becomes efficient.

On the fourth or fifth day, the training proper begins at the