HERPES OPHTHALMICUS*

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THE treatment of herpes ophthalmicus varies considerably and although most cases respond reasonably well, many remain with one or more of the following complications: insensitive cornea; post-herpetic neuralgia; diminution of visual acuity; recurrent low-grade cyclitis; secondary glaucoma. In a few patients, a painful blind eye is the end result after years of treatment, and the removal of the eye is frequently as painful to the surgeon's ego as the eye has been to its owner.

The three cases reported below are ones in which one would have expected one or more complications to follow the cessation of the acute attack.

Case Reports

Case 1, a female aged 74, was in good health except that she was on the Blind Register because of glaucoma. She presented with herpes ophthalmicus on the right side, the pain and swelling having been present for 3 days when she was first seen.

Examination.—The supra-orbital and ophthalmic branches of the fifth nerve were chiefly involved. The lids were closed on account of the swelling and vesicles were present over the area involved.

Local Treatment.—Anthisan cream and Cortelan ointment were applied to the affected skin area, and Polyfax ointment to the conjunctiva. The whole was covered with *tulle gras* which was left uncovered.

General Treatment.—Injection of vitamin B₁₂ 100 mg., and two Ancolan tablets to be taken with the last meal in the evening.

Progress.—On the second day, the condition was much the same but with no pain. The local and general treatment was repeated.

On the third day the swelling was much less. The *tulle gras* covering was no longer considered necessary; the vitamin B₁₂ was not repeated, but the Ancolan tablets and local treatment were continued.

On the fourth day most of the swelling was gone, and the vesicles were dry. Local treatment with Polyfax and Cortelan ointments was continued, as well as the Ancolan tablets at night.

On the fifth day the eye was white, with lids normal, corneal sensitivity normal, and no pain. A few small scabs on forehead were still itchy. All treatment was stopped except Cortelan ointment for the scabs.

Result.—A week later all signs of the attack had completely disappeared. This patient has been seen several times since the attack and there has been no change over a period of 9 months.

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Case 2, a male aged 60, stated that 6 days before, a spot had appeared just above the left eyebrow and that on the following day another half dozen or more appeared in this area. Little pain was felt until the fifth day, when the left eye became very painful.

Examination.—He was found to have herpes ophthalmicus on the left side, the supra-orbital branch being mainly involved. Vesicles were not particularly numerous and none was noted at the tip of the nose. The lids were moderately swollen and the eye very congested, and a dilated pupil could just be seen through the hazy cornea. The slit lamp showed what appeared to be large keratic precipitates. The Schiötz tonometer, with no weight, showed the ocular tension to be 32 mm. Hg in the right eye and 90 in the left. The visual acuity was 6/18 in the right eye and less than 6/60 in the left.

Treatment.—Intensive eserine was given with hot spoon bathing for half an hour. No change was seen in the Schiötz measurements after this. Cortelan ointment was given for the conjunctival and skin lesions. 100 mg. vitamin B₁₂ was injected, and Ancolan tablets, two to be taken with the last meal of the day, were ordered. The patient refused to come into hospital.

Progress.—On the second day he was very much more comfortable. The ocular tension was 32 mm. Hg in the right eye, and 59 in the left. The cornea was clearer, and large numbers of keratic precipitates were now easily visible. Another injection of 100 mg. vitamin B₁₂ was given. He was told to continue with the Ancolan tablets and Diamox tablets 250 mg., one each morning, were ordered.

On the third day he was quite comfortable. The ocular tension was 19 mm. Hg in the right eye and 28 in the left. The pupil was normal in size, the visual acuity was 6/18 in each eye, the keratic precipitates were disappearing, the lids were normal, and the vesicles were drying. Vitamin B₁₂ was stopped and the Diamox and Ancolan tablets were continued.

On the seventh day the eyes seemed normal, and the pupils were equal and reacted normally. The visual acuity was 6/18 each eye. The ocular tension was 19 mm. Hg in the right eye and 36 in the left. The slit lamp showed that there were still some keratic precipitates. The Diamox and Ancolan tablets were continued.

Result.—Four weeks later the ocular tension was 25 mm. Hg in each eye, and the visual acuity (corrected) was 6/5 in each eye. There were no keratic precipitates. The affected eye was now normal and had remained so when the patient was last seen 7 months after the attack.

Case 3, a male aged 52, presented with herpes ophthalmicus on the right side. He stated that pain had commenced in the right eye 6 days before, and that vesicles had appeared in the following 2 or 3 days.

Examination.—He was a healthy individual, now obviously suffering greatly and looking toxic. The lids were grossly swollen, and only with great difficulty were they separated enough to get a glimpse of the cornea, which appeared clear, although surrounded by grossly oedematous conjunctiva. Vesicles were present on the forehead, scalp, zygomatic area, eyelids, cheek, inner canthus, side of the nose near nares, and tip of the nose on the right side. He refused admission to hospital but came in the next day.

Treatment.—Atropine ointment 1 per cent. and Polyfax ointment in the eye, and Cortelan ointment over the affected area, which was covered with *tulle gras*. He was given an injection of 100 mg. vitamin B₁₂ and Ancolan tablets, two with the evening meal.

Progress.—When he was admitted to hospital on the following day his temperature was 101.5° F. There was obviously much secondary infection in the vesicles; these were cleaned with warm normal saline and a weak solution of Acriflavine was applied. A million units of penicillin were injected as well as the vitamin B₁₂.

On the third day the temperature was 100° F., the headache gone, and the swelling receding. He could open his eye in the evening without assistance. The penicillin and B₁₂ injections were repeated.

On the fourth day the temperature was 99° F., the swelling rapidly disappearing, and the vesicles commencing to dry. The penicillin and B₁₂ injections were repeated, making a total of four B₁₂ and three penicillin injections.

On the fifth day the temperature was normal in the morning and 99° F. in the evening. The swelling had practically gone and some scabs had come off. No further injections were given, but the Ancolan tablets were continued.

On the sixth day the temperature was normal in the morning and 99° F. in the evening. There was no swelling and many scabs had gone.

On the seventh day the temperature was normal, and he was feeling comfortable.

When I saw him the second time, a week later, corresponding to his sixth day in hospital, the condition had completely cleared, except for a few scabs. The cornea, pupil, media, fundus were normal.

Result.—He was discharged and went off on his interrupted summer holiday, and 3 weeks later everything was normal except for two or three scars where really huge vesicles had been.

Discussion

It is not intended to discuss local treatment. This varies with each individual case and many different preparations will produce equally good results.

All three patients had injections of vitamin B₁₂ and Ancolan tablets. So far as the latter are concerned, I have had cases which have appeared to clear up on account of these, but other cases went on to very severe attacks in spite of the antihistaminic being exhibited in an early stage. Their continued use is due to the fact that pain during the attack seems to be relieved and no cases of post-herpetic pain have occurred since they have been used. This may, of course, be coincidence but there is strong evidence that this is not so.

It would appear that the vitamin B₁₂ injections were of the utmost importance in these three cases. The dose of 100 mg. was chosen arbitrarily.

In the case with secondary glaucoma the Diamox may have been important but the tension had already begun to come down before it was exhibited.

Summary

- (1) Three cases of herpes ophthalmicus are presented.
- (2) In each the condition, although very severe, was cured so far as the patient was concerned in 6 to 7 days.
- (3) Follow-up examinations have revealed no complications.
- (4) It is suggested that vitamin B₁₂ injections of 100 mg. for 2 or more succeeding days were mainly responsible for the cure, but that antihistaminic medication may have played an important part and possibly also in one case Diamox tablets 250 mg.