



## CLINICAL GUIDELINE

# Keratitis, Herpes Simplex Virus

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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### Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

## HSV Keratitis Classification and Treatment

HSV Category	Signs	Basic treatment approach	Follow up
Epithelial keratitis ( <i>aka Dendritic ulcer</i> )	<ul style="list-style-type: none"> <li>• Dendrites /Geographic ulcer on corneal epithelium</li> <li>• Decreased corneal sensation</li> </ul>	<p>Topical anti-viral eg Ganciclovir 0.15% (<i>Virgan</i>) five times a day for 10-14 days</p> <p>If photophobic, cyclopentolate 1% BD for 3 days</p> <p><i>If recurrent attacks, consider oral antiviral prophylaxis e.g. Aciclovir 400mg BD for 3 months</i></p>	<p><u>Classic dendritic Ulcer</u>: Review in Cornea PCC in 2 weeks</p> <p><u>Large Geographic Ulcer</u>: Review in Cornea PCC in 1 week</p>
Stromal Keratitis <u>without</u> ulceration	<ul style="list-style-type: none"> <li>• Multiple/diffuse opacities leading to corneal vascularisation</li> <li>• Lipid exudation and corneal scarring</li> <li>• Stromal thinning</li> <li>• Some AC activity</li> </ul>	<p>Topical steroid + oral antiviral prophylaxis e.g. Pred forte QDS + Aciclovir 400mg BD</p> <p><b>*Monitor IOP</b> : If &gt;30mmHg, consider Timolol BD</p>	Review in Cornea PCC in 5-7days
Stromal Keratitis <u>with</u> ulceration	<ul style="list-style-type: none"> <li>• Multiple/diffuse opacities leading to corneal vascularisation</li> <li>• Lipid exudation and corneal scarring</li> <li>• Stromal thinning</li> <li>• Some AC activity</li> </ul>	<p>Topical steroid + topical anti-viral + oral antiviral in therapeutic doses eg Pred forte QDS + Ganciclovir 0.15% (<i>Virgan</i>) five times a day for 10-14 days + Aciclovir 400mg five times a day for 1 week, then BD till review.</p> <p><b><u>Delay topical steroid use until epithelium is intact</u></b></p> <p>If photophobic, cyclopentolate 1% BD for 3 days</p>	Review in Cornea PCC in 5-7days

HSV Category	Signs	Basic treatment approach	Follow up
Endothelial Keratitis ( <i>aka Disciform Keratitis</i> )	<ul style="list-style-type: none"> <li>• Central/paracentral disc of corneal oedema</li> <li>• Descemet's folds</li> <li>• Fine KP's on endothelium</li> <li>• Wessely ring</li> </ul>	<p>Topical steroid + oral antiviral in therapeutic doses eg Pred forte QDS + Aciclovir 400mg five times a day for 1 week, then BD till review</p> <p><b>**Monitor IOP : If &gt;30mmHg, consider Timolol BD</b></p>	Review in Cornea PCC in 5-7days

**\*\*\* Any suspicion of atypical HSV ie Non-healing, worsening or increased pain on review:\*\*\*\* THINK ACANTHAMOEBA KERATITIS**

1. Urgent Viral PCR and Acanthamoeba PCR
2. Urgent review by a Cornea Consultant
3. Clinical Photograph