NHS
Greater Glasgow and Clyde

# CLINICAL GUIDELINE

# Herpes zoster ophthalmicus assessment - casualty

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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|---|---|
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| **Approval Group:** | Medicines Utilisation Subcommittee of ADTC |

**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.

C Henry, E MacDonald May 2024

# Herpes Zoster Ophthalmicus Casualty Protocol

## History

- Blurred vision
- Eye pain or photophobia
- Redness, discharge from eye
- Rash – duration, distribution
- Headache, fever, lethargy
- Previous episodes
- Past ophthalmic history
- History of immunosuppression

## Examination

- VA/ IOP/ Pupil assessment
- Dermatological exam/ adnexa
- **Corneal Sensation**
- ***Swab for Viral PCR if any doubt***
- Motility assessment
- Slit lamp anterior segment assessment
- Dilated Fundoscopy

| Examination features | | | | | | |
|---|---|---|---|---|---|---|
| Dermatological | Lids | Conjunctiva | Cornea | Uveitis/ Scleritis/ Episcleritis | Optic neuropathy | Motility |
| Unilateral vesicular rash which respects midline<br>Typically, V1 but can have V2/V3 distribution<br>Hutchison sign – tip of nose involved | Oedema<br>Blepharitis, trichiasis<br>Lagophthalmos – beware of exposure<br>Cicatricial changes | Hyperaemia<br>Petechial haemorrhage<br>Papillae/ follicles<br>Mucopurulent discharge<br>Pseudomembrane | Exposure keratopathy<br>Pseudodendrite<br>Disciform keratitis<br>Neurotrophic keratitis<br>Peripheral corneal ulceration<br>Secondary bacterial infection | Often delayed onset<br>Endothelial KP's<br>Anterior chamber activity<br>Nodular lesion | Reduced VA<br>Disc swelling/ hyperaemia | Nerve palsy<br>Pupils<br>Orbicularis function if suspect CN III palsy |

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| HZO Category | Signs | | Basic Treatment Approach | | Follow-up |
|---|---|---|---|---|---|
| Cutaneous | Unilateral vesicular rash typically V1 distribution (can have V2 or V3) | | Warm bathing crusting lesions/ lid hygiene advice | PO Aciclovir 800mg x5 per day 1/52 | GP if no ocular involvement |
| Conjunctivitis | Conjunctival hyperaemia without corneal involvement | | Lid hygiene advice<br>Consider topical Ganciclovir 0.15% x5 per day | PO Aciclovir 800mg x5 per day 1/52 | 1/52 corneal PCC |
| Keratitis | Epithelial | Infiltrate | Refer to Bacterial Keratitis Protocol | PO Aciclovir 800mg x5 per day 1/52 | 1/52 corneal PCC |
| | | No infiltrate | Lubricants<br>Consider topical Ganciclovir 0.15% x5 per day | | |
| | Stromal | Epithelial defect | Withhold topical steroids | | |
| | | Epithelium intact | Topical Steroid QID e.g. Predforte | | |
| | Neurotrophic | | As epithelial + intense lubrication e.g. Evolve HA hourly | | |
| Anterior uveitis | AC activity | Epithelial defect | Withhold topical steroids until epithelium healed<br>Topical cyclopentolate 1% TDS | PO Aciclovir 800mg x5 per day 1/52 | 1/52 corneal PCC |
| | | Epithelium intact | Tapering course topical steroid e.g. Predforte<br>Topical cyclopentolate 1% TDS | | |
| Scleritis, Vitritis, Retinitis, Optic neuropathy, nerve palsy or history of immunosuppression | | | **SENIOR REVIEW REQUIRED** – may need systemic antiviral therapy +/- steroids. Consider discussion with Infectious Diseases team if immunosuppressed. | | |

**Elevated IOP**

< 35mmHg Topical IOP lowering agents e.g. Timolol

> 35mmHg Topical IOP lowering agents + PO Diamox

**Pain**

Advise regular simple analgesia (paracetamol/ ibuprofen)

Refer to GP for consideration of neuropathic agents as required