A 43-year-old man presented with mild photophobia and blurred vision in the right eye, although his visual acuity was 20/20 without correction. Three weeks before, he had been diagnosed with herpes zoster ophthalmicus (HZO) after the onset of vesicular skin lesions in the V1 distribution of the trigeminal nerve and was given a two-week course of oral valacyclovir.

Slit-lamp (Fig. 1) and corneal optical coherence tomography (Fig. 2) images show numerous discrete corneal subepithelial and superficial stromal infiltrates secondary to HZO. There were no overlying epithelial defects. The infiltrates are thought to arise from antigen-antibody interaction resulting from viral proliferation in the overlying epithelium. Corneal stromal involvement can present as early as the second week of disease, occurring in approximately 25 percent of patients with HZO.

The patient was treated with a tapering regimen over several months of topical corticosteroid drops, with resolution of his symptoms. Given the numerous anterior and posterior segment complications of HZO, all patients with this diagnosis should be seen by an ophthalmologist.

Written by Christopher T. Hood, MD, University of Michigan W.K. Kellogg Eye Center, Ann Arbor, Mich.