



## EDITORIAL

## A Rare Case of Herpes Zoster Ophthalmicus in an Infant

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Herpes zoster ophthalmicus is a viral infection caused by reactivation of the chickenpox virus (HHV-3). It is a severe form of herpes zoster, mainly affecting immunocompromised patients. In addition to post-herpetic pain, its severity lies in the functional impact of ophthalmic damage, which requires the initiation of oral treatment. The occurrence of this condition in immunocompetent infants is an exceptional event. We report a case in this article.

The case involved a 13-month-old infant born to a well-monitored monofetal pregnancy, carried to term, up to date with the national vaccination program, with no particular medical or surgical history, and no history of varicella in the mother during pregnancy. The infant presented for consultation with a febrile rash that had occurred 15 days previously. Clinical examination revealed a conscious infant, stable, with a fever of 39 °C and mild conjunctival discoloration. Dermatological examination showed a pustulo-vesicular eruption on erythematous skin in the region of dermatome VI, with significant edema of the homolateral upper eyelid. A mobile right submandibular adenopathy was also found. Ophthalmological examination revealed herpetic keratitis. Biological tests found an increase in inflammatory markers. Liver and HIV serologies were negative. Treatment was based on aciclovir 10 mg/kg/h for 7 days, combined with well-managed local care. The evolution was marked by a clear improvement with disappearance of skin lesions, absence of ocular involvement and absence of post-zoster pain.

condition, requiring urgent treatment due to the risk of compromised visual function [1]. The pathophysiology of this infection is the result of reactivation of the varicella-zoster virus present in the lymph nodes. The most frequently affected population is adults with constitutional or acquired immune deficiency. Clinical



Figure 1: Herpes zoster ophthalmicus in an infant.

Herpes zoster ophthalmicus in infants is an exceptional

diagnosis is based on the presence of a characteristic vesicular rash, located in the territory of a dermatome. Management, particularly in the ophthalmic form, is based on antiviral treatment with intravenous aciclovir, combined with local antiseptic care. The most frequently described complications are stromal keratitis, keratoconjunctivitis and uveitis. The occurrence of herpes zoster ophtalmicus in an immunocompetent infant with no evidence of varicella in the mother during pregnancy is a rare event, with only 6 cases reported in the literature [2,3]. A few cases of ophthalmic shingles following varicella vaccination have also been reported [4].

We report here a rare case of herpes zoster ophthalmicus in an infant with no previous history of

contact with varicella-zoster virus, which evolved well after early treatment with antivirals (Figure 1). Our case demonstrates the need not to ignore this entity, although it is exceptional at this age.

## References

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