Research Article
Open Access

An eleven year old girl with ophtalmic zoster

Abstract

Herpes zoster occurs due to reactivation of the latent varicella zoster virus and is usually a disease of adults. Childhood herpes zoster is believed to be rare, though recent studies suggest increasing incidence in children. We report a case of an immunocompetent eleven year old girl with ophtalmic zoster.

Volume 8 Issue 6 - 2018

Chaoui Roqai Yasmine
Hopital Militaire D'instruction Mohammed V, Moroco

Correspondence: Chaoui Roqai Yasmine, Hopital Militaire D'instruction Mohammed V, Villa n°753, secteur 3, Hay Essalam, Moroco, Tel 00212676556854,
Email dr.yasminechoui@gmail.com

Received: October 20, 2018 | **Published:** November 19, 2018

Introduction

Shingles is a dermatosis caused by a reactivation of the varicella-zoster virus (VZV) which remains quiescent in the dorsal sensory ganglia after a primary infection with chickenpox.[1] The child's shingles are rare and particularly the ophthalmic form, which can be responsible for serious eye complications requiring adequate and early management.

Case report

This is an 11year-old girl who was consulted in the emergency room for a right eye pain with edema palpebral evolving for three days and received antibiotic therapy (self-medication) without any improvement, having as antecedent a primary infection with chickenpox 12months old. The clinical examination showed a preserved visual acuity, a vesicular and crustous eruption on the path of the V1 and the V2 (right side of the nose and the right half-forehead), a right eyelid edema (Figure 1), the examination of the anterior segment: superficial punctate keratitis in the lower third of the cornea, the fundus is normal.

Figure 1 Grouped crusted erosions of ophthalmic zoster in the right eye.

An immunological assessement for immunosuppression was negative (serology of a retroviral infection). The patient received antibiotic treatment, oral antiviral (aciclovir), local antibiotic therapy and wetting agents. The evolution was marked by the regression of the palpebral edema and the disappearance of cutaneous and ophthalmological signs (Figure 2).

Figure 2 Regression of cutaneous signs.

Discussion

Ophthalmic zoster is a particular location by its clinical presentation, its ocular and painful complications remain potentially serious. Ophthalmic zoster in children accounts for 10% of cases of shingles in an Indian study of 195 cases.[2] Risk factors for childhood shingles are not clearly known, but are not related to malignancies as in adults cases.[3] A few cases of herpes zoster have been reported in infants with the concept of maternal varicella in pregnancy.[4] Ocular complications occur in 50 to 70% of cases, with a reserved prognosis.[5] They are mainly represented by keratitis, conjunctivitis, uveitis, retinitis, retinal necrosis, glaucoma and retinal necrosis. Neurological complications are possible, but fortunately rare; made of myelitis, meningoencephalitis, motor and oculomotor paralysis, vesical and digestive dysfunction. For children, it is rare and has a better prognosis. The features of the child's form are: predominance of the general signs, favorable evolution, and the post-herpetic neuralgia is exceptional.[6,7]

Conclusion

The Feature of our case report is the occurrence of shingles in an immunocompetent child, and the ophthalmic localization, which remains a rare form in children, but with a favorable evolution.

Acknowledgements

None.

Conflict of interest

Author declares that there is no conflict of interest.

References

1. Lethel V. Mancini le zona de l'enfant. *Journal Pédiatrique de Puéricultures*. 2002;15(3):131–136.
2. Nigam P, Kumar A, Kapoor KK, et al. Clinical profile of herpes ophtalmicus. *J Indian Med Assoc*. 1991;89(5):117–119.
3. Gargouri L. Le zona ophtalmique à propos d'un cas chez un garçon de 13 ans. Journées de dermatopédiatrie 2010 à Tunisie.
4. Infections à herpès virus de l'enfant et de l'adulte immunocompétents. varicelle et zona. *Ann Dermatologie vénérologie*. 2005;132(10):28–33.
5. Beylot C, Bagot M, Cambazard F, et al. Infections à herpès virus de l'enfant et de l'adulte immunocompétents. La varicelle et le zona. Ann Dermatol Venereol. 2002;129:2S37–2S43.
6. Prise en charge des infections à VZV. Conférence de consensus de la Société de Pathologies Infectieuses de Langue Française. 25 mars 1998, Lyon; *Med Mal Infect*. 1998;28:1–8.
7. Banejee A. Zona de l'enfant. *Archive de Pédiatrie*. 1998;5(2):199–203.

Citation: Yasmine CR. An eleven year old girl with ophtalmic zoster. *Adv Ophthalmol Vis Syst.* 2018;8(6):238–239. DOI: 10.15406/aovs.2018.08.00328