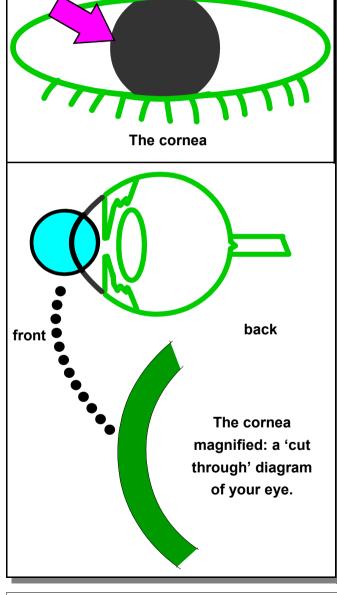
#### What is the cornea?

The cornea is the 'window' of your eye. It is the clear glass-like front.

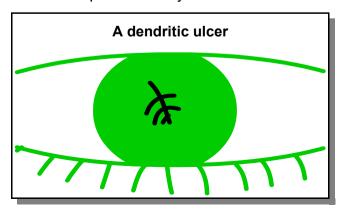


#### What is the herpes virus?

The herpes simplex virus is very common. Most people have a herpetic infection at some time of their lives. However, only in a few unlucky people does the virus affect the cornea. No one knows why some people develop corneal infections not others. It has nothing to do with sex ...that is a different type of herpes virus.

#### **What are dendritic ulcers?**

The virus causes a special type of corneal ulcer, called 'dendritic' (after the latin term that means 'many fingered'). A dendritic ulcer has many 'fingers', like the branch of a tree. It can be seen with the slit lamp microscope used to examine your eye. Fluorescent yellow drops are used to show the ulcer up more easily.



#### What do you feel?



As the cornea has many nerves it feels pain easily. Dendritic corneal ulcers are painful; your eye feels as though something is scratching it. Sunlight and bright lights feel painful also.
As the ulcer is like 'paint on a window' your sight may be

#### The treatment

The treatment is acyclovir eye cream 5 times a day for 10 days. Depending on your particular ulcer, a different treatment time, and occasionally different drugs, will be needed. With prompt treatment you get a 100% recovery. Sometimes you get a faint scar, although this is more likely without treatment.

blurred.

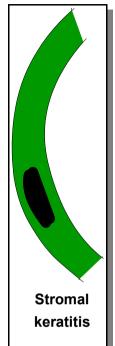
## **Recurrences: can vou treat** yourself?

Dendritic ulcers may recur. It is certainly helpful to keep a tube of unopened cream with you, especially on holiday. If you do develop another episode it is quite safe to start treatment. (Acyclovir is safe even if you are mistaken and there is no infection.) Most doctors advise you attend an Eye Casualty, such as that in Birmingham and Midland Eye Centre on the City Hospital site (Dudley Road), that day or the next.

Treatment is not so urgent as to need to attend late in the evening or the middle of the night.

Like any infection, stress, overwork, or lack of sleep can trigger a recurrence. Dendritic ulcers can be triggered by sunlight. Dark glasses may help prevent a recurrence, and they certainly help during an attack. If you develop frequent episodes, ask your doctor if long term acyclovir cream or tablets may be helpful as prevention.

### **'Stromal' or 'herpetic' keratitis**



If the infection is in the substance of the cornea the condition is called 'stromal keratitis' (also called 'disciform' or 'herpetic').

In this condition, in addition to acyclovir cream, low dose steroid drops may be needed (such as predsol), but only under close ophthalmological supervision. If you need steroid drops for one episode you may also need them for future episodes.

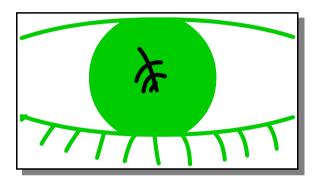
Stromal keratitis may recur

frequently. If it does, preventative treatment may work. Acyclovir tablets 200mg once or twice a day halves the number of episodes, but may be needed for a year or two.

Use acyclovir eye cream, not the skin cream. Bring it to clinic each visit, with all your other drops and list of tablets you use. It is very safe. Use about 2cm length of cream 5 times a day at the beginning, but later in the episode as your eye heals you need less (5-10mm), although you may still need it 5 times a day.

## **Dendritic corneal** ulcers

# **Stromal keratitis**



- what is the cornea?
- what is the herpes simplex virus?
- what are dendritic ulcers?
- do they recur?
- how to reduce the number of recurrences
- what is stromal keratitis?



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