

Herpes zoster keratitis

Ceratite por Herpes zoster

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How to cite:

Aissam F, Imane J, Yassine M. Herpes zoster keratitis. Rev Bras Oftalmol. 2026;85:e0007.

doi:

<https://doi.org/10.37039/1982.8551.20260007>

Keywords:

Vesicles; Herpes zoster ophthalmicus; Pseudodendrites

Descritores:

Vesículas; Herpes zoster oftálmico; Pseudodendritos

Received on:
October 10, 2025

Accepted on:
October 19, 2025

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Conflict of interest:
no conflict of interest.

Financial support:
no financial support for this work.



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A 62-year-old healthy man with left-sided headaches for 3 days and redness of the left eye for 24 hours. The best corrected visual acuity of both eyes was 10/10. The left side of the forehead showed incipient vesicles on an erythematous background (Figure 1). The left eye was slightly injected. Biomicroscopic examination disclosed a large temporal corneal pseudodendrite (Figure 2). Fluorescein staining under a cobalt-blue filter confirmed this pattern (Figure 3). Valacyclovir associated with lubricant eyedrops was started. Follow-up examination revealed complete resolution of symptoms and no corneal sequelae; the visual acuity was unaffected.

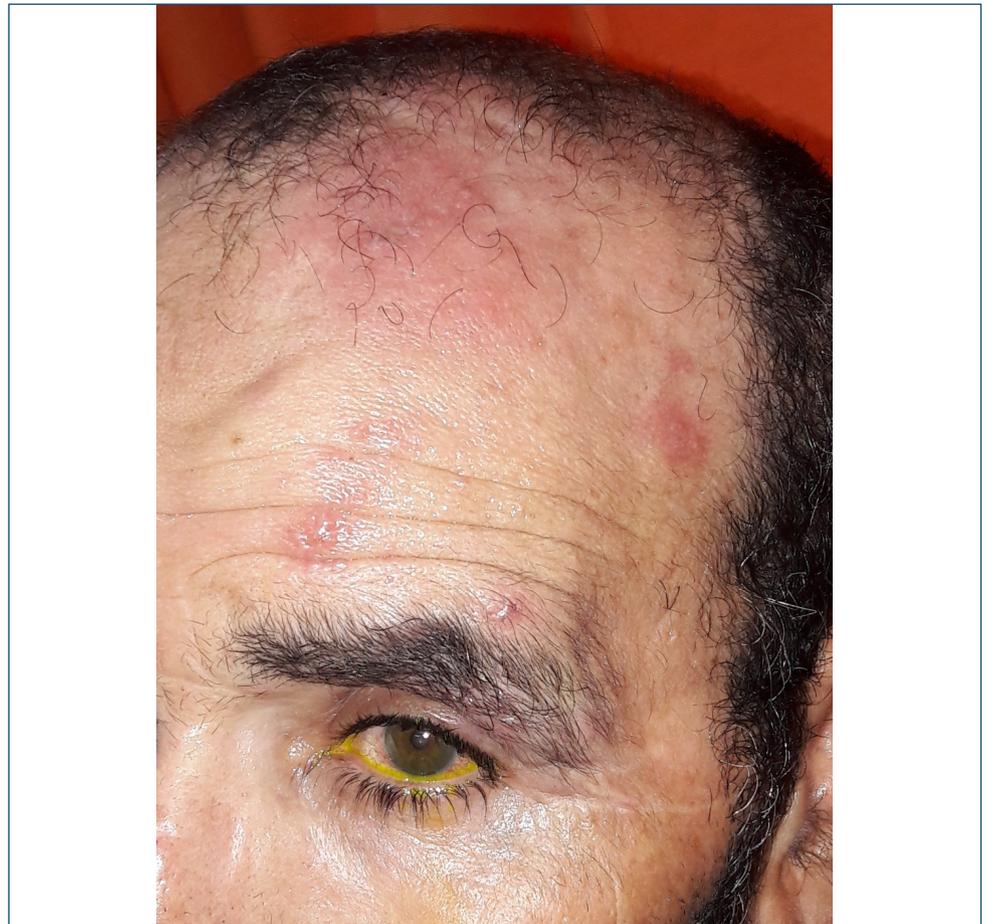


Figure 1. Vesicles on an erythematous background in ophthalmic nerve distribution.

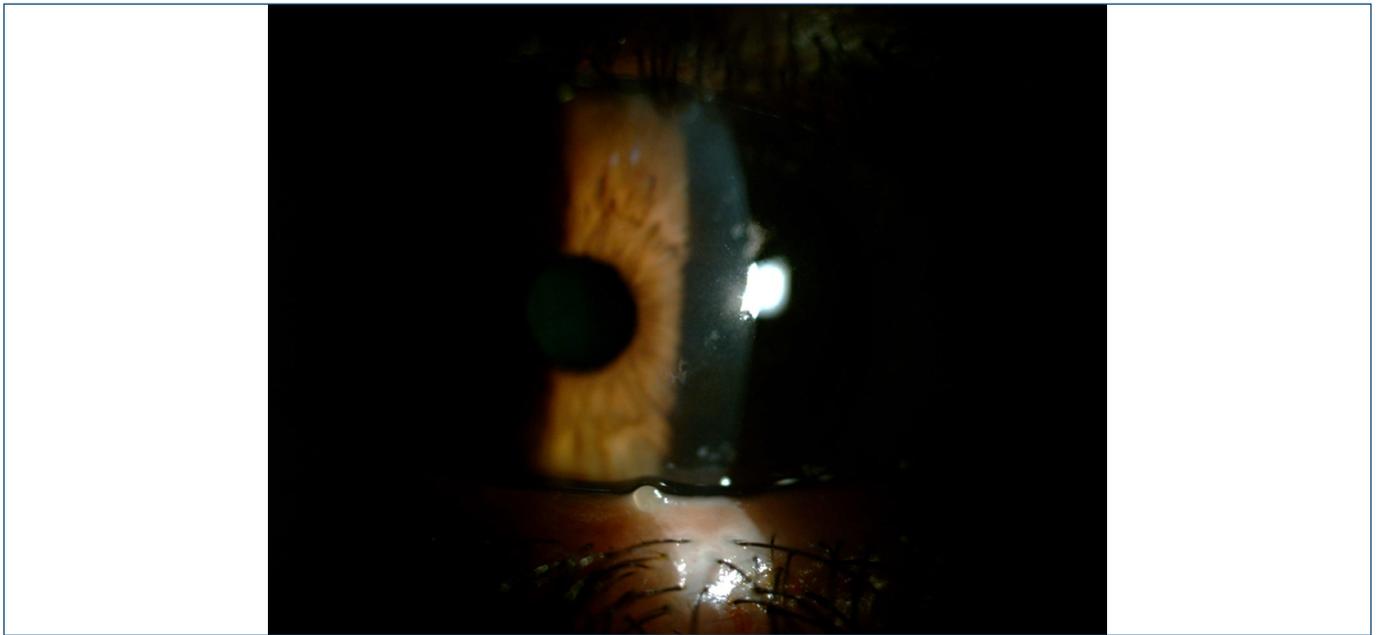


Figure 2. Biomicroscopic examination revealed a large temporal corneal pseudodendrite.

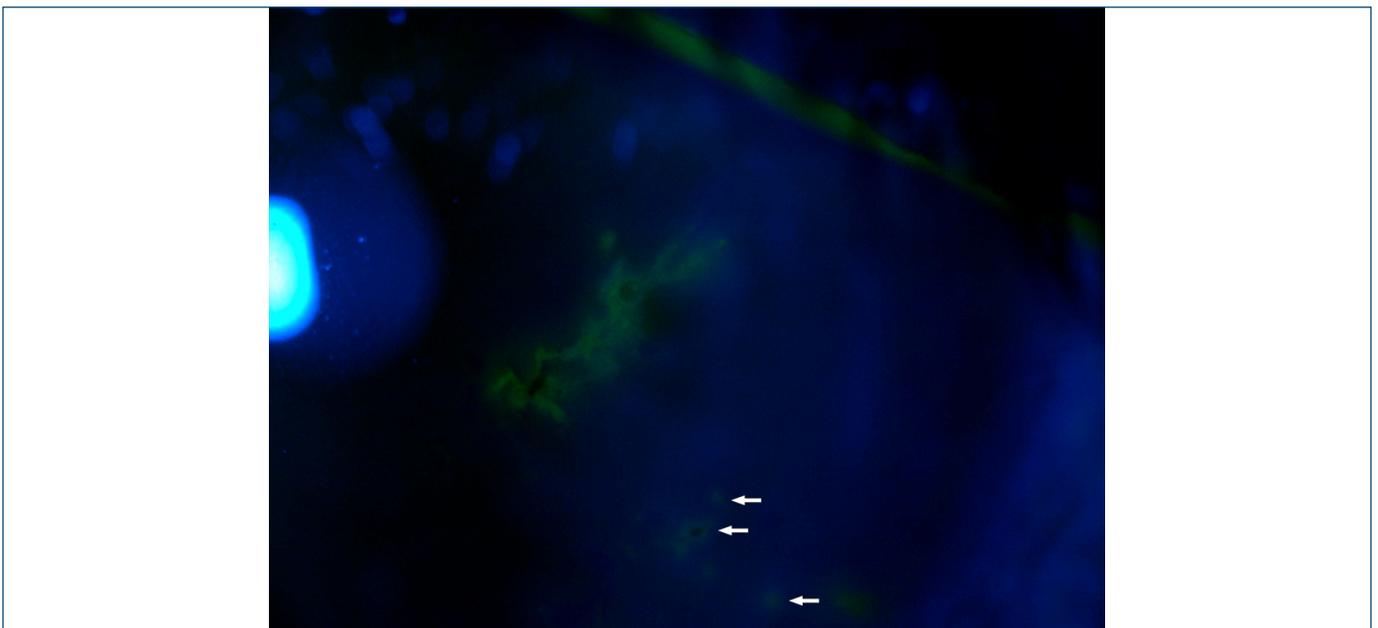


Figure 3. Biomicroscopic examination using fluorescein staining under a cobalt-blue filter revealed pseudodendrites: corneal lesions in a pattern of dichotomous branching without terminal bulbs. Smaller punctate epithelial keratitis were noted (arrows).

Herpes zoster ophthalmicus occurs when herpes zoster presents in the ophthalmic division of the fifth cranial nerve. Without the use of antiviral therapy, approximately 50% of herpes zoster patients develop ocular involvement.⁽¹⁾ Punctate and pseudo-dendritic types of keratitis are mainly observed during the early eruptive phase. Punctate epithelial keratitis corresponds to edematous epithelial cells where Herpes zoster replicates. Pseudodendrites are the results of the coalescence of previous punctate epithelial keratitis.⁽²⁾ They are smaller and more superficially ulcerated than herpes simplex dendrites. They typically do not show terminal bulbs.

AUTHORS' CONTRIBUTION

Fiqhi A, Jeddou I, and Mouzari Y contributed equally to writing and critical revision of the manuscript. All authors approved the final version of the manuscript.

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